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THE EARLY DEVELOPMENT OF FEMALE SEXUALITY[1]

BY

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Freud has more than once commented on the fact that our knowledge of the early stages in female development is much more obscure and imperfect than that of male development, and Karen Horney has forcibly, though justly, pointed out that this must be connected with the greater tendency to bias that exists on the former subject. It is probable that this tendency to bias is common to the two sexes, and it would be well if every writer on the subject kept this consideration in the foreground of his mind throughout. Better still, it is to be hoped that analytic investigation will gradually throw light on the nature of the prejudice in question and ultimately dispel it. There is a healthy suspicion growing that men analysts have been led to adopt an unduly phallo-centric view of the problems in question, the importance of the female organs being correspondingly underestimated. Women have on their side contributed to the general mystification by their secretive attitude towards their own genitals and by displaying a hardly disguised preference for interest in the male organ.

The immediate stimulus to the investigation on which the present paper is mainly based was provided by the unusual experience, a couple of years ago, of having to analyse at the same time five cases of manifest homosexuality in women. The analyses were all deep ones and lasted from three to five years; they have been completed in three of the cases and carried to a far stage in the other two. Among the numerous

[1] Read at the Tenth International Congress of Psycho-Analysis, Innsbruck, September 1st, 1927.

problems thus aroused two particular ones may serve as a starting-point for the considerations I wish to bring forward here. They were : what precisely in women corresponds with the fear of castration in men ? and what differentiates the development of homosexual from that of heterosexual women ? It will be noticed that these two questions are closely related, the word ' penis ' indicating the point of connection between them.

A few clinical facts about these cases may be of interest, though I do not propose to relate any casuistic material. Three of the patients were in the twenties and two in the thirties. Only two of the five had an entirely negative attitude towards men. It was not possible to establish any consistent rule in respect of their conscious attitude towards the parents : all varieties occurred, negative towards the father with either negative or positive towards the mother, and *vice versâ*. In all five cases, however, it proved that the unconscious attitude towards both parents was strongly ambivalent. In all cases there was evidence of an unusually strong infantile fixation in regard to the mother, this being definitely connected with the oral stage. This was always succeeded by a strong father fixation, whether it was temporary or permanent in consciousness.

The first of the two questions mentioned above might also be formulated as ollows : when the girl feels that she has already suffered castration, what imagined future event can evoke dread proportionate to the dread of castration ? In attempting to answer this question, i.e. to account for the fact that women suffer from dread at least as much as men, I came to the conclusion that the concept ' castration ' has in some respects hindered our appreciation of the fundamental conflicts. We have here in fact an example of what Horney has indicated as an unconscious bias from approaching such studies too much from the male point of view. In hisilluminating discussion of the penis complex in women, Abraham [2] had remarked that there was no reason for not applying the word ' castration ' there as well as with men, for wishes and fears about the penis of a parallel order occur in both. To agree with this statement, however, does not involve overlooking the differences in the two cases, nor should it blind us to the danger of importing into the one considerations with which we are already familiar in the other. Freud has justly remarked in connection with the pregenital precursors of castration (weaning and defæcation,

[2] Abraham, *Selected Papers*, 1927, p. 339.

pointed out by Stärcke and myself respectively) that the psychoanalytical concept of castration, as distinguished from the corresponding biological one, refers definitely to the penis alone—the testicles at most being included in addition.

Now the fallacy to which I wish to draw attention here is this. The all-important part normally played in male sexuality by the genital organs naturally tends to make us equate castration with the abolition of sexuality altogether. This fallacy often creeps into our arguments even though we know that many men wish to be castrated for, among others, erotic reasons, so that their sexuality certainly does not disappear with the surrender of the penis. With women, where the whole penis idea is always partial and mostly secondary in nature, this should be still more evident. In other words, the prominence of castration fears among men tends sometimes to make us forget that in both sexes castration is only a *partial* threat, however important a one, against sexual capacity and enjoyment as a whole. For the main blow of total extinction we might do well to use a separate term, such as the Greek word ' aphanisis '.

If we pursue to its roots the fundamental fear which lies at the basis of all neuroses we are driven, in my opinion, to the conclusion that what it really signifies is this aphanisis, the total, and of course permanent, extinction of the capacity (including opportunity) for sexual enjoyment. After all, this is the consciously avowed intention of most adults towards children. Their attitude is quite uncompromising: children are not to be permitted *any* sexual gratification. And we know that to the child the idea of indefinite postponement is much the same as that of permanent refusal. We cannot, of course, expect that the unconscious, with its highly concrete nature, will express itself for us in these abstract terms, which admittedly represent a generalization. The nearest approach to the idea of aphanisis that we meet with clinically is that of castration and of death thoughts (conscious dread of death and unconscious death wishes). I may cite here an obsessional case in a young man which illustrates the same point. He had substituted as his *summum bonum* the idea of æsthetic enjoyment for that of sexual gratification, and his castration fears took the form of apprehension lest he should lose his capacity for this enjoyment, behind them being of course the concrete idea of the loss of the penis.

From this point of view we see that the question under discussion was wrongly put. The male dread of being castrated may or may not have a precise female counterpart, but what is more important is to

realize that this dread is only a special case and that both sexes ultimately dread exactly the same thing, aphanisis. The mechanism whereby this is supposed to be brought about shews important differences in the two sexes. If we neglect for the moment the sphere of auto-erotism—on the justifiable ground that conflicts here owe their main importance to the subsequent allo-erotic cathexis of it—and thus confine our attention to allo-erotism itself, we may say that the reconstructed train of thought in the male is somewhat as follows : ' I wish to obtain gratification by committing a particular act, but I dare not do so because I fear that it would be followed by the punishment of aphanisis, by castration that would mean for me the permanent extinction of sexual pleasure '. The corresponding thought in the female, with her more passive nature, is characteristically somewhat different : ' I wish to obtain gratification through a particular experience, but I dare not take any steps towards bringing it about, such as asking for it and thus confessing my guilty wish, because I fear that to do so would be followed by aphanisis '. It is, of course, plain that this difference is not only not invariable, but is in any event only one of degree. In both cases there is activity, though it is more overt and vigorous with the male. This is not, however, the main difference in accent ; a more important one depends on the fact that, for obvious physiological reasons, the female is much more dependent on her partner for her gratification than is the male on his. Venus had much more trouble with Adonis, for example, than Pluto with Persephone.

The last consideration mentioned provides the biological reason for the most important psychological differences in the behaviour and attitude of the sexes. It leads directly to a greater dependence (as distinct from desire) of the female on the willingness and moral approbation of the partner than we usually find with the male, where the corresponding sensitiveness occurs in respect of another, authoritative male. Hence, among other things, the more characteristic reproaches and need for reassurance on the woman's part. Among the important social consequences the following may be mentioned. It is well known that the morality of the world is essentially a male creation. and—what is much more curious—that the moral ideals of women are mainly copied from those of men. This must certainly be connected with the fact, pointed out by Helene Deutsch,[3] that the super-ego of

[3] Helene Deutsch, *Zur Psychologie der weiblichen Sexualfunktionen*, 1925, S. 9.

women is, like that of men, predominantly derived from reactions to the father. Another consequence, which brings us back to our main discussion, is that the mechanism of aphanisis tends to differ in the two sexes. Whereas with the male this is typically conceived of in the active form of castration, with the female the primary fear would appear to be that of separation. This can be imagined as coming about through the rival mother intervening between the girl and the father, or even through her sending the girl away for ever, or else through the father simply withholding the desired gratification. The deep fear of being deserted that most women have is a derivative of the latter.

At this point it is possible to obtain from the analysis of women a deeper insight than from that of men into the important question of the relation between privation and guilt, in other words into the genesis of the super-ego. In his paper on the passing of the Œdipus complex Freud suggested that this happened in the female as the direct result of continued disappointment (privation), and we know that the super-ego is as much the heir of this complex in the female as in the male where it is the product of the guilt derived from the dread of castration. It follows, and my analytical experience fully confirms the conclusion,[4] that sheer privation comes, of course in both sexes, to have just the same meaning as deliberate deprivation on the part of the human environment. We thus reach the formula: *Privation is equivalent to frustration.* It is even likely that, as may be inferred from Freud's remarks on the passing of the female Œdipus complex, privation alone may be an adequate cause for the genesis of guilt. To discuss this further would take us too far into the structure of the super-ego and away from the present theme, but I should like just to mention a view I have reached which is sufficiently germane to the latter. It is that guilt, and with it the super-ego, is as it were artificially built up for the purpose of protecting the child from the stress of privation, i.e. of ungratified libido, and so warding off the dread of aphanisis that always goes with this; it does so, of course, by damping down the wishes that are not destined to be gratified. I even think that the external disapproval, to which the whole of this process used to be ascribed, is largely an affair of exploitation on the child's part; that is to say, non-gratification primarily means danger, and the child projects this into the outer

[4] This was reached partly in conjunction with Mrs. Riviere, whose views are expounded in another context, JOURNAL, Vol. VIII, pp. 374–5.

world, as it does with all internal dangers, and then makes use of any disapproval that comes to meet it there (*moralisches Entgegenkommen*) to signalize the danger and to help it in constructing a barrier against this.

To return once more to the young girl, we are faced with the task of tracing the various stages in development from the initial oral one. The view commonly accepted is that the nipple, or artificial teat, is replaced, after a little dallying with the thumb, by the clitoris as the chief source of pleasure, just as it is with boys by the penis. Freud [5] holds that it is the comparative unsatisfactoriness of this solution which automatically guides the child to seek for a better external penis, and thus ushers in the Œdipus situation where the wish for a baby [6] gradually replaces that for a penis. My own analyses, as do Melanie Klein's 'early analyses', indicate that in addition to this there are more direct transitions between the oral and the Œdipus stages. It would seem to me that the tendencies derived from the former stage bifurcate early into clitoris and fellatio directions, i.e. into digital plucking at the clitoris and fellatio phantasies respectively; the proportion between the two would naturally be different in different cases, and this may be expected to have fateful consequences for the later development.

We have now to follow these lines of development in closer detail, and I will first sketch what I conceive to be the more normal mode of development, that leading to heterosexuality. Here the sadistic phase sets in late, and so neither the oral nor the clitoris stage receives any strong sadistic cathexis. In consequence, the clitoris does not become associated with a particularly active masculine attitude (thrusting forward, etc.), nor on the other hand is the oral-sadistic phantasy of biting off the male penis at all highly developed. The oral attitude is mainly a sucking one and passes by the well-known developmental transition into the anal stage. The two alimentary orifices thus constitute the receptive female organ. The anus is evidently identified with the vagina to begin with, and the differentiation of the two is an extremely obscure process, more so perhaps than any other in female development; I surmise, however, that it takes place in part at an earlier age than is generally supposed. A variable amount of sadism

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[5] Freud, INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. VIII, p. 140.

[6] Little is said throughout this paper about the wish for a baby because I am mainly dealing with early stages. I regard the wish as a later derivative of the anal and phallic trends.

is always developed in connection with the anal stage and is revealed in the familiar phantasies of anal rape which may or may not pass over into beating phantasies. The Œdipus relationship is here in full activity; and the anal phantasies, as we shall shew later, are already a compromise between libidinal and self-punishment tendencies. This mouth-anus-vagina stage, therefore, represents an identification with the mother.

What in the meantime has been the attitude towards the penis? It is likely enough that the initial one is purely positive,[7] manifested by the desire to suck it. But penis-envy soon sets in and apparently always. The primary, so to speak auto-erotic, reasons for this have been well set out by Karen Horney [8] in her discussion of the part played by the organ in urinary, exhibitionistic, scoptophilic and masturbatory activities. The wish to possess a penis as the male does passes normally, however, into the wish to share his penis in some coitus-like action by means of the mouth, anus or vagina. Various sublimations and reactions shew that no woman escapes the early penis-envy stage, but I fully agree with Karen Horney,[9] Helene Deutsch,[10] Melanie Klein,[11] and other workers in their view that what we meet with clinically as penis-envy in the neuroses is only in small part derived from this source. We have to distinguish between what may perhaps be termed pre-Œdipus and post-Œdipus penis-envy (more accurately, auto-erotic and allo-erotic penis-envy), and I am convinced that clinically the latter is much the more significant of the two. Just as masturbatory and other auto-erotic activities owe their main importance to re-investment from allo-erotic sources, so we have to recognize that many clinical phenomena depend on the defensive function of regression, recently insisted on by Freud.[12] It is the privation resulting from the continued disappointment at never being

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[7] Helene Deutsch (*op. cit.*, S. 19) records an interesting observation in a girl-child of eighteen months who viewed a penis with apparent indifference at that time, and who only later developed affective reactions.

[8] Karen Horney, INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. V, pp. 52–54.

[9] *Ibid.*, p. 64.

[10] Helene Deutsch, *op. cit.*, S. 16–18.

[11] Melanie Klein, communications to the British Psycho-Analytical Society.

[12] Freud, *Hemmung, Symptom und Angst*, 1926, S. 48, etc.

allowed to share the penis in coitus with the father, or thereby to obtain a baby, that reactivates the girl's early wish to possess a penis of her own. According to the theory put forward above, it is this privation that is primarily the unendurable situation, the reason being that it is tantamount to the fundamental dread of aphanisis. Guilt, and the building-up of the super-ego, is, as was explained above, the first and invariable defence against the unendurable privation. But this is too negative a solution in itself ; the libido must come to expression somehow as well.

There are only two possible ways in which the libido can flow in this situation, though both may, of course, be attempted. The girl must choose, broadly speaking, between sacrificing her erotic attachment to her father and sacrificing her femininity, i.e. her anal identification with the mother. Either the object must be exchanged for another one or the wish must be ; it is impossible to retain both. Either the father or the vagina (including pregenital vaginas) must be renounced. In the first case feminine wishes are developed on the adult plane—i.e. diffuse erotic charm (narcissism), positive vaginal attitude towards coitus, culminating in pregnancy and child-birth—and are transferred to more accessible objects. In the second case the bond with the father is retained, but the object-relationship in it is converted into identification, i.e. a penis complex is developed.

More will be said in the next section about the precise way in which this identification defence operates, but what I should like to lay stress on at the moment is the interesting parallelism thus established, already hinted at by Horney,[13] between the solutions of the Œdipus conflict in the two sexes. The boy also is threatened with aphanisis, the familiar castration fear, by the inevitable privation of his incest wishes. He also has to make the choice between changing the wish and changing the object, between renouncing his mother and renouncing his masculinity, i.e. his penis. We have thus obtained a generalization which applies in a unitary manner to boy and girl alike : *faced with aphanisis as the result of inevitable privation, they must renounce either their sex or their incest ;* what cannot be retained, except at the price of neurosis, is hetero-erotic and allo-erotic incest, i.e. an incestuous object-relationship. In both cases the situation of prime difficulty is the simple, but fundamental, one of union between penis and vagina. Normally this union is made possible by the overcoming of the Œdipus complex. When, on

[13] Karen Horney, *op. cit.*, p. 64.

the other hand, the solution of inversion is attempted every effort is made to avoid the union, because it is bound up with the dread of aphanisis. The individual, whether male or female, then identifies his sexual integrity with possessing the organ of the opposite sex and becomes pathologically dependent on it. With boys this can be done either by using their mouth or anus as the necessary female organ (towards either a man or a masculine woman) or else by vicariously adopting the genitalia of a woman with whom they identify themselves; in the latter case they are dependent on the woman who carries the precious object and develop anxiety if she is absent or if anything in her attitude makes the organ difficult of access. With girls the same alternative presents itself, and they become pathologically dependent on either possessing a penis themselves in their imagination or on having unobstructed access to that of the man with whom they have identified themselves. If the 'condition of dependence' (cp. Freud's phrase "Liebesbedingung') is not fulfilled the individuals, man or woman, approach an aphanistic state, or, in looser terminology, 'feel castrated'. They alternate, therefore, between potency on the basis of inverted gratification and aphanisis. To put it more simply, they either have an organ of the opposite sex or none at all; to have one of their own sex is out of the question.

We have next to turn to the second of our two questions, the difference in the development of heterosexual and homosexual women. This difference was indicated in our discussion of the two alternative solutions of the Œdipus conflict, but it has now to be pursued in further detail. The divergence there mentioned—which, it need hardly be said, is always a matter of degree—between those who surrender the position of their object-libido (father) and those who surrender the position of their subject-libido (sex), can be followed into the field of homosexuality itself. One can distinguish two broad groups here. (1) Those who retain their interest in men, but who set their hearts on being accepted by men as one of themselves. To this group belongs the familiar type of women who ceaselessly complain of the unfairness of women's lot and their unjust ill-treatment by men. (2) Those who have little or no interest in men, but whose libido centres on women. Analysis shews that this interest in women is a vicarious way of enjoying femininity; they merely employ other women to exhibit it for them.[14]

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[14] For the sake of simplicity an interesting third form is omitted in the text, but should be mentioned. Some women obtain gratification of

It is not hard to see that the former group corresponds with the class in our previous division where the sex of the subject is surrendered, while the latter group corresponds with those who surrender the object (the father), replacing him by themselves through identification. I will amplify this condensed statement for the sake of greater clarity. The members of the first group exchange their own sex, but retain their first love-object ; the object-relationship, however, becomes replaced by identification, and the aim of the libido is to procure recognition of this identification by the former object. The members of the second group also identify themselves with the love-object, but then lose further interest in him ; their external object-relationship to the other woman is very imperfect, for she merely represents their own femininity through identification, and their aim is vicariously to enjoy the gratification of this at the hand of an unseen man (the father incorporated in themselves).

Identification with the father is thus common to all forms of homosexuality, though it proceeds to a more complete degree in the first group than in the second, where, in a vicarious way, some femininity is after all retained. There is little doubt that this identification serves the function of keeping feminine wishes in repression. It constitutes the most complete denial imaginable of the accusation of harbouring guilty feminine wishes, for it asserts, ' I cannot possibly desire a man's penis for my gratification, since I already possess one of my own, or at all events I want nothing else than one of my own '. Expressed in terms of the theory developed earlier in this paper, it assures the most complete defence against the aphanistic danger of privation from the non-gratification of the incest wishes. The defence is in fact so well designed that it is little wonder that indications of it can be detected in all girls passing through the Œdipus stage of development, though the extent to which it is retained later is extremely variable. I would even venture the opinion that when Freud postulated a ' phallic ' stage in female development corresponding with that in the male, i.e. a stage in which all the interest appears to relate to the male organ only with obliteration of the vaginal or pre-vaginal organs, he was

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feminine desires provided two conditions are present : (1) that the penis is replaced by a surrogate such as the tongue or finger, and (2) that the partner using this organ is a woman instead of a man. Though clinically they may appear in the guise of complete inversion, such cases are evidently nearer to the normal than either of the two mentioned in the text.

giving a clinical description of what may be observed rather than a final analysis of the actual libidinal position at that stage ; for it seems to me likely that the phallic stage in normal girls is but a mild form of the father-penis identification of female homosexuals, and, like it, of an essentially secondary and defensive nature.

Horney [15] has pointed out that for a girl to maintain a feminine position and to accept the absence of a penis in herself often signifies not only the daring to have incestuous object-wishes, but also the phantasy that her physical state is the result of a castrating rape once actually performed by the father. The penis identification, therefore, implies a denial of both forms of guilt, the wish that the incestuous deed may happen in the future and the wish-fulfilment phantasy that it has already happened in the past. She further points out the greater advantage that this heterosexual identification presents to girls than to boys, because the defensive advantage common to both is strengthened with the former by the reinforcement of narcissism derived from the old pre-Œdipus sources of envy (urinary, exhibitionistic and masturbatory) and weakened with the latter by the blow to narcissism involved in the acceptance of castration.

As this identification is to be regarded as a universal phenomenon among young girls, we have to seek further for the motives that heighten it so extraordinarily and in such a characteristic way among those who later become homosexual. Here I must present my conclusions on this point even more briefly than those on the former ones. The fundamental—and, so far as one can see, inborn—factors that are decisive in this connection appear to be two—namely, an unusual intensity of oral erotism and of sadism respectively. These converge in an *intensification of the oral-sadistic stage*, which I would regard, in a word, as *the central characteristic of homosexual development in women.*

The sadism shews itself not only in the familiar muscular manifestations, with the corresponding derivatives of these in character, but also in imparting a specially active (thrusting) quality to the clitoris impulses, which naturally heightens the value of any penis that may be acquired in phantasy. Its most characteristic manifestation, however, is to be found in the oral-sadistic impulse forcibly to wrench the penis from the man by the act of biting. When, as is often found, the sadistic temperament is accompanied by a ready reversal of love to hate, with the familiar ideas of injustice, resentment and revenge,

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[15] *Idem, loc. cit.*

then the biting phantasies gratify both the desire to obtain a penis by force and also the impulse to revenge themselves on the man by castrating him.

The high development of the oral erotism is manifested in the numerous ways well known through the researches of Abraham [16] and Edward Glover [17]; they may be positive or negative in consciousness. A special feature, however, to which attention should be called is the importance of the tongue in such cases. The identification of tongue with penis, with which Flügel [18] and I [19] have dealt at length, reaches with some female homosexuals a quite extraordinary degree of completeness. I have seen cases where the tongue was an almost entirely satisfactory substitute for the penis in homosexual activities. It is evident that the nipple fixation here implied favours the development of homosexuality in two ways. It makes it harder for the girl to pass from the fellatio position to that of vaginal coitus, and it also makes it easier to have recourse once more to a woman as the object of libido.

A further interesting correlation may be effected at this point. The two factors mentioned above of oral erotism and sadism appear to correspond very well with the two classes of homosexuals. Where the oral erotism is the more prominent of the two the individual will probably belong to the second group (interest in women) and where the sadism is the more prominent to the first group (interest in men).

A word should be said about the important factors that influence the *later* development of female homosexuality. We have said that, to protect herself against aphanisis, the girl erects various barriers, notably penis identification, against her femininity. Prominent among these is a strong sense of guilt and condemnation concerning feminine wishes; most often this is for the greater part unconscious. As an aid to this barrier of guilt the idea is developed of 'men' (i.e. the father) being strongly opposed to feminine wishes. To help her own condemnation of it she is forced to believe that all men in their hearts disapprove of femininity. To meet this comes the unfortunate circumstance that many men do really evince disparagement of women's

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[16] Abraham, *op. cit.*, ch. xii.

[17] Edward Glover, 'Notes on Oral Character Formation', International Journal of Psycho-Analysis, Vol. VI, p. 131.

[18] J. C. Flügel, 'A Note on the Phallic Significance of the Tongue', International Journal of Psycho-Analysis, Vol. VI., p. 209.

[19] Ernest Jones, *Essays in Applied Psycho-Analysis*, 1923, ch. viii.

sexuality together with dread of the female organ. There are several reasons for this, into which we need not enter here ; they all centre around the male castration complex. The homosexual woman, however, seizes with avidity on any manifestations of this attitude and can by means of them sometimes convert her deep belief into a complete delusional system. Even in milder forms it is quite common to find both men and women ascribing the whole of the supposed inferiority of women [20] to the social influences which the deeper tendencies have exploited in the way just indicated.

I will conclude with a few remarks on the subjects of dread and punishment among women in general. The ideas relating to these may be connected mainly with the mother or mainly with the father. In my experience the former is more characteristic of the heterosexual and the latter more of the homosexual. The former appears to be a simple retaliation for the death wishes against the mother, who will punish the girl by coming between her and the father, by sending the girl away for ever, or by in any other way seeing to it that her incestuous wishes remain ungratified. The girl's answer is partly to retain her femininity at the cost of renouncing the father and partly to obtain vicarious gratification of her incest wishes in her imagination through identification with the mother.

When the dread mainly relates to the father the punishment takes the obvious form of his withholding gratification of her wishes, and this rapidly passes over into the idea of his disapproval of them. Rebuff and desertion are the common conscious expressions of this punishment. If this privation takes place on the oral plane the answer is resentment and castrating (biting) phantasies. If it takes place on the later anal plane the outcome is rather more favourable. Here the girl manages to combine her erotic wishes with the idea of being punished in a single act—namely, of anal-vaginal rape ; the familiar phantasies of being beaten are, of course, a derivative of this. As was remarked above, this is one of the ways in which incest gets equated with castration, so that the penis phantasy is a protection against both.

We may now *recapitulate the main conclusions* reached here. For different reasons both boys and girls tend to view sexuality in terms of the penis alone, and it is necessary for analysts to be sceptical in this direction. The concept ' castration ' should be reserved, as Freud

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[20] Really, their inferiority *as* women.

pointed out, for the penis alone and should not be confounded with that of ' extinction of sexuality ', for which the term ' aphanisis ' is proposed. Privation in respect of sexual wishes evokes with the child the fear of aphanisis, i.e. is equivalent to the dread of frustration. Guilt arises rather from within as a defence against this situation than as an imposition from without, though the child exploits any *moralisches Entgegenkommen* in the outer world.

The oral-erotic stage in the young girl passes directly into the fellatio and clitoris stages, and the former of these then into the anal-erotic stage ; the mouth, anus and vagina thus form an equivalent series for the female organ. The repression of the incest wishes results in regression to the pre-Œdipus, or auto-erotic, penis-envy as a defence against them. The penis-envy met with clinically is principally derived from this reaction on the allo-erotic plane, the identification with the father essentially representing denial of femininity. Freud's ' phallic phase ' in girls is probably a secondary, defensive construction rather than a true developmental stage.

To avoid neurosis both the boy and the girl have to overcome the Œdipus conflict in the same way : they can surrender either the love-object or their own sex. In the latter, homosexual solution they become dependent on imagined possession of the organ of the opposite sex, either directly or through identification with another person of that sex. This yields the two main forms of homosexuality.

The essential factors that decide whether a girl will develop the father-identification in such a high degree as to constitute a clinical inversion are specially intense oral erotism and sadism, which typically combine in an intense oral-sadistic stage. If the former of these two factors is the more prominent one the inversion takes the form of dependence on another woman, with lack of interest in men ; the subject is male, but enjoys femininity also through identification with a feminine woman whom she gratifies by a penis substitute, most typically the tongue. Prominence of the second factor leads to occupation with men, the wish being to obtain from them recognition of the subject's male attributes ; it is this type that shews so often resentment against men, with castrating (biting) phantasies in respect of them.

The heterosexual woman dreads the mother more than the homosexual woman does, whose dread centres around the father. The punishment feared in the latter case is withdrawal (desertion) on the oral level, beating on the anal one (rectal assault).

SCOTOMIZATION IN SCHIZOPHRENIA

BY

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In an earlier work I have defined scotomization (or the forming of mental ' blind spots ') as a process of psychic depreciation, by means of which the individual attempts to deny everything which conflicts with his ego. I endeavoured to differentiate the process of scotomization from that of repression and I showed that, in the former, repression fails and that, contrary to what happens in normal repression, the mind in spite of outward appearances is really simply trying to evade a situation in which it has to endure frustration and which it apprehends as a castration. In this it has recourse mainly to narcissistic equivalents for its instinctual gratification and thus achieves, in greater or less degree according to the individual case, the exact opposite of the frustration which it ostensibly intended to undergo. In my paper I did not attempt to portray the result of this unsuccessful repression, but rather to describe the constitutional factors which condition the failure and give grounds for the supposition that unsuccessful repression implies a different process from that of successful repression. And further, that scotomization must be differentiated from repression in general, although in actual fact we find the two in practice contributing to a common result.[1]

In the present paper I shall return to these ideas only in so far as they are necessary to the problem before us. I intend in this brief theoretical discussion simply to raise certain questions, for I do not think the time is yet ripe for solving the problem, nor do I think that I can contribute anything fundamentally new to its solution. On the other hand we must admit that schizophrenia still presents itself only too often as a field whose margin only has been touched by our investigations, so that from time to time we feel it imperative to penetrate into this primeval forest and these desert-tracts of the human soul. When we speak of schizophrenia we mean, of course, that group of diseases which Bleuler and Jung comprised under this title, and we do not mean to commit ourselves in advance to the conception of a ' process-psychosis '. We include under the title of

[1] ' Résultante vitale,' Laforgue et Pichon. *Rêve et Psychoanalyse*, Maloine, 1926.

schizophrenia, schizomania as defined by Claude, Borel and Robin. Let us now try to use our psycho-analytical knowledge of neurotic resistance in order to gain a more exact idea of the psychotic reactions in schizophrenia. Above all, let us try to discover how far the resistance of the schizophrenic mind is akin to that of the neurotic and to what extent and under what conditions it is possible for the former type of resistance to yield to psycho-analytic measures, so that the inhibited libido may find a normal vent.

Rightly or wrongly my impression was that the idea of scotomization enabled us to envisage the problem rather more clearly, and in this paper I wish once more to set forth the whole train of thought, after having subjected it to critical reflection.

In my paper on scotomization and repression I described the evolution of the tendency to scotomization somewhat as follows: We know that the child's affective processes are predominantly egocentric in their orientation, and the younger the child the more is this the case. His mother is to him equivalent to nutrition—she is a thing. She belongs to the child, and he is the point round which she revolves. But in time the centre of gravity is displaced from the child to the father. The father, in whose favour the child resigns the mother, then becomes the head, the pivot on which everything turns. He becomes the representative of the outside world; it is he who dislodges the child from his psychic centre, just as the paternal semen called him forth from the nirvana of the womb. Obviously a statement so schematic will not do justice to the complicated nature of the facts. We know indeed how profound a change must take place in the child's mind before he becomes able to do without his mother. We know what a struggle it cost the individual as well as mankind at large to admit the fact that the earth turns round the sun, instead of the reverse.

What the child goes through is a far-reaching process of weaning, in which his birth and weaning from the mother's breast are only episodes. If, for some constitutional or accidental reason, he fails satisfactorily to undergo this weaning, if he flees from it as if it were a castration, if he endeavours in the stress of some conflict to take refuge with the mother again or even, if this is denied him, to create a narcissistic substitute for her, there follows, as I have often been able to observe, a powerful disturbance in his mental life the consequences of which may be very far-reaching. Now I think that this narcissistic substitute for the mother is to be regarded as specially important in

schizophrenia. For it enables the individual more or less, according to the degree of compensation, to evade the process of weaning with its sometimes harsh demands, and thus to neutralize the feelings of inferiority it involves. The result is a disturbance in that development of the psyche which I believe to depend on the process of weaning and the emotional factors accompanying it. The individual fails to develop the capacity to give up the mother or her substitute ; he does not learn to tolerate this or any other similar situation in which he encounters frustration, and he remains arrested, more or less completely according to the individual case, on the anal-sadistic level of libidinal development. Consequently the capacity for renunciation, barred by the dread of castration, is only imperfectly developed, and it is this defect which, as I want to show, dogs the psyche and spoils its whole efficiency. I would suggest that we call this defect a deficiency in *oblativity*, meaning by oblativity [2] that competence to which the psyche attains through the satisfactorily accomplished weaning of the child's libido from the mother or mother-substitute.

Hence we see that, when the mind is arrested on the sadistic-anal level, it fails to acquire the capacity of repressing the infantile libidinal dispositions and endeavours to re-establish them by means of narcissistic autistic compensation, preferably just wherever it ought to have repressed this phase. This condition corresponds to a certain dualism in the individual : on the one hand he remains a child, and on the other endeavours in phantasy (but only in phantasy) to play the part of his mother-ideal (purity, perfection, exaggerated idealism, megalomania) without being in any way qualified for so exalted a performance. Thus two transcurrent mental activities develop : the one being the ideal, upon which is concentrated the whole conscious phantasy-activity of the subject, so that everything which runs counter to this ideal (including his own affective inadequacy) may be left hidden in the dark, and the other the actual id, which remains anchored to the anal-sadistic level and manifests itself more or less outside his conscious mental activity. I have proposed that we should call this dual organization *schizonoia*.[3] We see in it one of the principal causes of the disposition shown by many persons to succumb to

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[2] 'Oblativité' (Pichon). *Le Rêve et la Psychoanalyse*, publié par Laforgue, Éditeur Maloine, 1926.

[3] 'Schizonoia'. Codet-Laforgue : *Evolution psychiatrique*, Payot, 1925.

neurotic and psychotic diseases which do not necessarily become manifest at once, but may rather develop in this obscure region of the mind. In the degree to which the child's libido has withdrawn narcissistically from his mother to his own ego he develops an indifference towards the mother when she has become part of the outside world. He thrusts her out of his circle of interests, equating her affectively with excrement. This is a hate-reaction : the subject shuts himself off, repudiates his real mother and *becomes blind* towards her. This is the process which I have proposed to designate *scotomization.* It is characterized by the fact that the subject does not express hatred positively but negatively. In order to shut out mother, father and the whole outside world he shuts himself up; in order to kill them he himself takes flight from life, to castrate them he castrates himself.

Scotomization leads to the inversion of affective values and seems to have an important bearing on the confusion of associations which ensues.

We have seen that the subject arrives at the point of equating mother—outside world—fæces. These objects thus become depersonalized. Expressed negatively, this manifests itself in a depersonalization of the subject. The libido, drawn in upon the ego of the inner world, fixes itself on that which has already been attained (digested) and is content with this. It equates fæces (that which has already been digested) with life (mother, outside world) and chooses fæces in place of these as a libidinal object. This inversion may manifest itself in the most diverse forms, but it never fails to observe a certain law : the subject feels anxiety at life and becomes especially receptive of all that has to do with destruction (death). His interest is directed to everything connected with decay (morbid) [4] and scotomizes all that is constructive. He develops a special preference for analytical thinking, choosing for love-object his own ego ; he dissects out the heart of every thought, leaves nothing as it is and, since this tendency manifests itself as a compulsion, a dangerous state of exhaustion is produced. In my opinion this mental ' self-digestion ' is specially characteristic of the development of certain schizophrenic conditions. But the feature of the whole symptom-complex which seems pecularly significant and appears to be, as it were, the cardinal point is the part played in all these phenomena by the lack of oblativity.

We have seen how the resistance against weaning leads to nar-

[4] Cf. *Fleurs du Mal.* Baudelaire.

cissistic compensation and hence to scotomization. We have noted the reason why the psyche is arrested in this process at the anal-sadistic stage. I should like now to consider rather more closely the meaning of the lack of oblativity. Anal-sadistic libido, which endeavours to escape from any form of weaning, is characterized by its insatiability. On the one hand it manifests itself as a compulsion; on the other it seeks with anxiety to escape from all renunciation, which it feels as a castration, and thus it appears also in the form of castration-dread. Just as the schizonoiac tends to be arrested at the Œdipus complex, so does he desire to take root altogether in that conflict; he always comes back to the same thing, always maintains that he is right, and here again he cannot tolerate any weaning or frustration. We can understand how easy it is, with a disposition of this sort, to be shattered in such serious conflicts as, for instance, those which always arise at puberty. Of course the intensity of the conflicts largely depends on the degree of oblativity attained and may therefore manifest itself in very different forms.

Nevertheless, taken all round, the various reactions of the lack of oblativity may be related to one another.

The creating of a normal field of consciousness demands sufficient oblativity for the subject on the one hand to be able oblatively to renounce such stimuli as do not belong to the field of consciousness. For if he scotomizes them, though this apparently enables him to exclude them as in normal repression, they seek for gratification in narcissistic compensations and force him to a compensatory activity whose scotomized sources are hidden from him, and which manifests itself as a compulsion wholly incomprehensible for this field of consciousness.

On the other hand, the normal field of consciousness must be able to occupy itself with stimuli which conflict with the subject. The schizonoiac has learnt to scotomize these beforehand, and to act as if they simply did not exist. He cannot admit them and excludes them even at the risk of failing to recognise reality. There then manifests itself as it were a break-up of the capacity for consciousness and, if carried to a certain point, we have a picture of dissociated mental activity. In spite of all his efforts the subject is then unable to create a clear field of consciousness: he either does not see or does not speak of the negative spots due to his complexes, and he can construct no unified picture, no unified consciousness, no unified personality.

Naturally we encounter the same behaviour in the sphere of

speech. Here negatively toned thoughts are scotomized and there is fixation to positively toned associations. According to the degree of deficiency of oblativity this manifests itself in great incoherence, irrelevance, etc.

The consequence of the inversion of relations is that the inner world (fæces) takes the place of the scotomized outer world (mother, father). Thus actual life is replaced by dream-life, living facts by symbols. The subject then has the tendency to ascribe his own affective inferiority to the outside world and to regard himself as an ideal. Thus his anal-sadistic hatred is attributed to those around him, and the situation appears reversed: the schizonoiac feels himself persecuted. Possibly, not only the paranoid ideas entertained by patients arise in this way but also many hallucinations, the dream-image taking the place of that of reality.

We see then that many schizophrenic symptoms might be explained by scotomization. I think there is no doubt that the neurotic resistance, which in psychosis has become an impenetrable wall, requires much more exact study. Of course I do not suppose that the problem I have suggested in this paper is the only one to be considered. But at any rate this view of the subject has helped me to gain access analytically to many cases of schizophrenia and to counter their resistances in a manner which seemed satisfactory in a certain number of them. I hope on some later occasion to discuss the details of this problem with the help of examples.

THE MOBILIZING OF THE SENSE OF GUILT:

A CONTRIBUTION TO THE PROBLEM OF ACTIVE THERAPY

BY

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A considerable extension of the technique of psycho-analysis has been made by the methods of ' active ' intervention recommended by Ferenczi for use in certain definitely circumscribed cases. Hitherto, however, no one has succeeded in formulating a satisfactory theoretical explanation of the way in which ' active therapy ' operates. It is therefore very natural that, in practice, analysts should be tempted to employ the new technique either with hesitation and in rare instances only, or else, relying on the authority of Ferenczi, too frequently and indiscriminately. A technical innovation of this sort appears specially important when we consider what an enormous gain it would be from the social standpoint if prognosis could be improved and time and money thus be saved. I think it is not inopportune for me to communicate certain experiences which seem to give some insight into the necessary conditions for the employment of the new method and into the sphere of its application.

When we speak of ' active ' measures we shall mainly be thinking of processes by which mental functions are mobilized and turned to account so as to result in progress when the work of analysis is inhibited and so as to get rid of resistances. Analysis has taught us that one of the most important of these factors is the unconscious sense of guilt, which, in Freud's opinion, plays a decisive part in many neuroses from the economic point of view. So long as its sources are unrecognized, it acts as the most obstinate resistance to the progress and efficacy of the analysis. On the other hand, if we succeed in uncovering it and directing it at least in part into the transference, we shall bring about the renunciation of the symptom which covers the sense of guilt. Freud is not very encouraging in what he says about the likelihood of the analysis succeeding in this part of his therapeutic work. Any means, therefore, which seems to offer a possibility of getting over this difficulty must be the more welcome.

Observation teaches us that the unconscious sense of guilt does not simply sustain the neurosis, but may also come into consciousness as a ' health-conscience ' (*Gesundheitsgewissen*), and be in this form directed

against the illness. Preconsciously or consciously it invests real objects with a special moral sensitivenes and repudiates the symptom itself, while supporting such attitudes of the ego as are healthy. It is a paradox only in seeming if our analytical procedure counteracts this tendency of the sense of guilt, for it is a tendency which is only compensatory and assists the unconscious to cling to the disease, enabling the deeper, dynamically stronger sources of the sense of guilt to remain under repression. Our task must be to trace it back to its primary roots and there to divest it of its affective and intellectual value. The sense of guilt, when correctly located, can be laid hold of where it is exaggerated, and thus the instinctual primitive desires and attitudes either come to be tolerated in consciousness or, in the best case, to be given up altogether. The prognosis of neuroses in which this is possible is favourable; the unconscious sense of guilt which they contain can be transmuted into conscience, which is the normal protection set up by the ego against such infantile instinctual impulses as are intolerable to it.

There is no difference in principle between the neurotic and the normal sense of guilt. The latter, in the form of conscience, discriminates and supervises the justifiable and unjustifiable instinctual claims of the ego. There is, however, perhaps a difference in the origin of the normal and neurotic sense of guilt: whereas the latter is derived from that deeper stratum of the ego's development upon which early infantile neuroses come into being through conflict, the ' conscience ' proper seems to originate in later stages where there is more capacity for resistance in the face of frustration. Careful analysis, however, does not bear out the supposition that conscience is independent of the primary conflict. We can demonstrate that on the early infantile levels conscience begins to become sensitive in a manner somewhat after the pattern of that displacement of affect which shows itself in neurotics in the familiar manifestations of hypersensitiveness, feelings of inferiority, and so forth.

Thus, in most cases, the manifestations of the sense of guilt cannot disguise their affective origin in the primary, unconscious sense of guilt attaching to the Œdipus complex, and indeed it is in them that analytic technique finds its natural approach to that complex. It is impossible to pronounce beforehand on the extent to which the fact of this more or less clear connection can be utilized in therapeutic work, especially as we know how easily the analysis of the sense of guilt, or often the mere bringing of it to light, calls forth resistances

which sometimes prove stronger than the impulse derived by the patient from the transference.

Nevertheless experience, as well as theoretical considerations, seems to indicate that the same sense of guilt which obstinately resists being brought into consciousness and so imperils the success of the therapy may work in the opposite direction, that is to say, may promote cure if, in a certain way which I will discuss later, it can be incited to pass into consciousness. It remains a question how far our handling of analytic technique enables us to make use of these opposing tendencies in order to master the resistances. If there is a prospect of our being able to do this and if we can apply this method in practice, Freud's rather depressing prognosis of the ' analyst's struggle with the obstacle of the unconscious sense of guilt ' may be regarded somewhat less pessimistically.

Reik maintains that more harm than good is likely to be done by an active technique which imposes prohibitions or commands in order to bring the unconscious sense of guilt into consciousness. We should do well to be quite clear as to the purpose and meaning of Ferenczi's method. Let us suppose that we forbid a pleasurable activity which has been masking a form of instinctual discharge rejected by the super-ego. It is of the very essence of this ' prohibition ' (since it involves a ' punishment ') that when there is a transference of a suitable nature and capable of resistance—and it is only in such a case that intervention is justified—the response should be a sense of guilt, which is then displaced on to the condemned manifestation of instinctual tendencies underlying the activity prohibited by the analyst. Let me emphasize the fact that this result does not necessarily ensue when we employ our present, conservative technique, for unless there is some compelling incitement to the contrary, the instinct itself struggles against any frustration of the pleasurable activity, and often for a long time does not permit the painful entry into consciousness of the preconscious sense of guilt attached to that activity. What we have to do by means of prohibition or command is to evoke some sense of guilt which disposes the ego to plead guilty to the manifestation of instinct upon which the super-ego places its embargo.

When the instinct-equivalent finds its way of libidinal discharge barred by the analyst's prohibition and by the secondary sense of guilt now brought into operation, it knows no other way out but that of regressive flight to the primary seat of libido-fixation. Thence libido can be discharged into the transference, while the primary sense of

guilt can be gradually brought into consciousness and divested of its value. Reik is of the opinion that the prohibition of a given instinctual gratification may actually cause the patient to pursue the forbidden activity simply out of the need for punishment and so produce a fresh sense of guilt. But, if this does happen, it is not by any means undesirable. If the transference is strong enough for the patient's impulse towards frustration to be carried through, then this sense of guilt also will contribute to regression in the way I have described, and the need for punishment will find its fulfilment, just as Reik says, in that tendency to expression which is part of the compulsion to confess. Now this not only does not invalidate the efficacy of active intervention, but actually confirms it. The sense of guilt, which had resulted in renunciations by the patient at the behest of the super-ego, is now mobilized by a renunciation artificially brought about, and this makes it possible for us to trace the path of symptom-formation in the reverse direction, in accordance with the process of analytic cure. All that ' active therapy ' has done has been to reproduce by renunciation the sense of guilt which was originally responsible for the renunciation. Our purpose in so doing is to make it possible once more to master the resistance, which threatened to degenerate into an immovable obstacle.

In his works on this subject Ferenczi cites examples of the efficacy of his ' active ' method. If we examine these from this point of view it is easy to recognize in them the mechanisms I have demonstrated here and, I think, to see a single explanation of their efficacy. The mobilizing of the sense of guilt is the driving power which in many cases, by means of artificially produced renunciation, causes the patient to give up his resistances, secures the progress of the analysis and ensures a favourable prognosis.

We now have to ask what cases are suitable for the ' active ' method, if we bear in mind this point of view, and under what conditions it is indicated. At first I thought I was not justified in making the experiment with any cases but those in which, in spite of all my efforts, the customary technique failed or from the outset had no prospect of success.

It was natural first to test the ' mobilizing ' of the sense of guilt in cases where this feeling was denied, in order that the patient might without inhibition abreact his component-instincts.[1] I refer, of course, to perverts and patients suffering from morbid cravings. A

[1] Rank: ' Perversion und Neurose '. *Internationale Zeitschrift für Psychoanalyse*, 1922.

particularly complicated case gave me an opportunity of testing the applicability of my theory. The patient suffered from homosexual tendencies in relation to boys, characterized by a sadistic attitude which was carried to the point of blood-sucking impulses (vampirism) ; other symptoms were compulsory onanism, complete rejection of women, great depression and inhibitions. In spite of a favourable transference the analysis for months could find no point of attack because, though the patient desired to be free from his depression and inhibitions, he was most anxious to retain his perverse activities, in relation to which he showed not the slightest recognition of his morbidity. It was impossible to carry through the analysis with the patient in a condition of frustration, because he obstinately refused to renounce his typical gratifications, and he became more and more distrustful, for he suspected that the analysis might be aiming behind his back at his perverse tendencies. Eventually I determined not only to tell him that the analysis must be broken off if he would not desist from his perverse gratifications but simultaneously to bid him (exploiting his affective aversion from his mother) not to suppress the aggressive phantasies which had reference to her and to certain scenes of his childhood. I told him also to try to do like other men and introduce women into phantasies instead of boys and to observe whether he did not thus discover the exciting instinct-component. The effect was overwhelming. In the very same night he had dreams of practising coitus with his mother and of killing his father. At the same time there rose up in him an enormous sense of guilt—he began to regard himself as a lost soul and to be a prey to the most vehement self-reproach, and it was only the firm transference-relation which deterred him from taking his own life. But the spell was broken, the analysis had gained ground and, although for external reasons the treatment had to be prematurely broken off after another six months, I hear that he remains well, is able to work and has not relapsed into his perversion, although he is still troubled with onanism, accompanied, however, by heterosexual phantasies.

The theoretical explanation is fully in accordance with the conditions which we assumed to be necessary to justify the mobilization of the sense of guilt by active intervention. When a patient is forbidden to practise a perversion and at the same time ordered to perform some painful activity, behind which we have reason to think there lies a fixation of instinct strongly invested with guilt, what happens is this : the two-fold blocking of the disguised instinctual discharge in the

symptom causes the libido to be powerfully excited, the 'negative therapeutic reaction' (Freud) is done away with and the ego, under the elementary pressure of the sense of guilt, is impelled to confession and to a change of ground.

I was able to arrive at a similar interesting result in the case of a morphinomaniac, who turned to analysis for deliverance as a last resource. That is to say, what he really wanted was to prove that he could not be cured. He would not go into an institution and refused to try a cure to break himself of the habit, because there had already been innumerable failures. I seized the opportunity at a period when the transference was specially strong to forbid him to take morphia and told him that, if he did so, I should immediately break off the treatment. To my surprise he immediately gave up the drug, but began to make openly homosexual advances towards myself. He resisted the analysis of these, and at first I could find no explanation of them. It needed an energetic rebuff on my part to bring to light in him a strong sense of guilt. This led us to an understanding of his Œdipus complex and at the same time showed that the morbid craving had concealed and replaced his latent homosexuality, of which, since he reached puberty, he had been altogether unconscious. As is characteristic of perverts, he had in fact no trace of a sense of guilt with regard to his craving. I should like here to refer to a paper by Hartmann,[2] who states with reference to the cocaine habit that in all his cases the determining factor proved to be at any rate 'physiological' homosexuality. Kronfeld, too, in his *Psychotherapie* emphasizes the close relation which exists between morbid cravings and perversions.

These observations may perhaps help in winning for 'active therapy' (regarded as the mobilizing of the sense of guilt in the treatment of the perversions and of the still very obscure field of morbid cravings) a valuable sphere of operation. I should like to mention one more group of diseases which, in their grave forms, often present considerable obstacles to effectual analysis. I mean the group included in 'psycho-sexual infantilism.' In cases of this sort we often quickly acquire considerable insight into the infantile complex-formation, but no sense of guilt is forthcoming and the condition remains completely stationary. Here a certain procedure has commended itself to me, which on the surface seems different from that which I have described, but at bottom is identical with it. The 'infantile' patient has for certain inner reasons remained on the wrong side of the boundary of

[2] *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 1925, S. 79.

puberty in his relations to the ego and to reality. From causes which are very complex part of his ' education ' has left no mark upon him, and it is this training of which he stands in need. All that is said to him with a view to thus educating him (and one often has to speak very strongly) is to him equivalent to the prohibition of pleasurable and the imposition of painful activities. Under the pressure of the transference this causes his super-ego, whose development has been inhibited, to produce feelings of guilt, and they in their turn set in motion the regressive mechanisms and prepare the way for divesting the infantile gratifications of their value.

I should like just briefly to mention another observation which seems noteworthy from a different point of view—one which I recently had the opportunity of making while ' controlling ' an analysis. I generally advise beginners in analytical practice to be passive and do not allow them to deviate at all from the classical form of technique. It sometimes happens, owing to the anxious caution of the beginner, that the control of the analysis slips from his hands, while the analysand, exploiting the passivity of the analyst, construes it as sanctioning his own libidinal demands, which he imports without inhibition into the transference and thus comes to an impasse. Even the analysis of the transference gives no opportunity for the analyst to come to grips with the resistance, because there is nothing to take hold of. In a case of this sort it is sometimes possible to wake up the dormant conscience and save the analysis from failure by imposing some command which is directed against the transference-fixation or a prohibition with the same aim.

In accordance with the novel views put forward by Freud in *Das Ich und das Es*, I have tried to show in this paper how decisive a part is played in analytic therapy by the sense of guilt and to advocate an extension of its sphere of usefulness. The sense of guilt is always the factor which determines the nature of mental illness, and every method which may make it accessible and valuable for the analysis, even in the face of the most obstinate resistance, is a practical gain. The ' mobilizing of the sense of guilt ' by means of active technique ought to help us to advance a little beyond the present limitations of our therapeutic means. It is true that we must rigidly select and restrict the cases in which this technique may be applied, but we may nevertheless expect that the right understanding of the conditions in which it is indicated will mean an advance in the method and in the practical results of our theoretical knowledge.

LECTURES ON TECHNIQUE IN PSYCHO-ANALYSIS (*continued*)

BY

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III

DEFENCE-RESISTANCE

As a prelude to the consideration of ' defence ' mechanisms, it may be remarked that on this occasion we are not primarily concerned with stages in the analytic situation. I imagine that in the discussion of the opening phase we did in fact cover the ground appertaining to the first stage of analysis. We might say that the main objectives were to allay anxiety, to allow for preliminary modification of the patient's super-ego, and thereby to permit a more or less unhampered development of the transference situation. I see, however, that by discussing ' Defence-Resistance ' immediately after ' The Opening Phase ', I may have created the impression that there was little or no defence in the first stage and that a defensive phase constituted the second stage of analysis. In one sense this is really the case. Such defences as are dealt with in the opening phase are so treated in order to clear the ground for more primitive representations of unconscious ideas, or, in terms of the association-technique, to allow primary processes to play their specific part in guiding the train of presentations. It is therefore true to say that the real disposition of the defensive forces will only begin to be uncovered towards the end of the opening phase. But of course, strictly speaking, a defensive phase is not a stage in itself. *Throughout the whole of the analysis the mind will exercise a defensive function.* We may remind ourselves too that, although the defences actually dealt with in the opening phase are chiefly those which act as obstacles to the unfolding of analysis, there are many signs of deep-lying resistances and many significant indications of the cause of these resistances. These have to be treasured for future reference, the time being not yet ripe for their complete interpretative handling. The exceptions to this procedure mentioned last time were such cases as prove seriously refractory to the ordinary analytic approach.

To get any comprehensive grasp of the problem of defence-resistance, it is necessary to approach the subject from many different angles. First of all, there is the *clinical* side of the picture, how

resistances appear directly or indirectly in analysis. Then we have to consider them in relation to the general mental *function* of defence. Next comes their special *relation to the phenomena of transference*, the fact that some resistances are part of the transference. Finally, we have to review the specific characteristics of defence in hysteria, obsessional neurosis, etc., and their *relation to fixation-points*. These constitute the lines of approach in so far as resistances have to be undermined and resolved; but it will then be well to reconsider the functional aspect of resistances, in order to relate them to the principle of repetition and 'working through'. By so doing we may hope to correct any false impression which might tend to be formed as to their 'perverse' nature. Throughout the discussion we shall assume that the analyst is free from unconscious bias.

From the *clinical* point of view, resistances are most simply divided into manifestations of an *obvious* kind and manifestations which are essentially *unobtrusive*, a classification following the histological one of macroscopic and microscopic appearances. The distinction has no scientific value, but will serve to call attention to the fact that the resistances which give rise to most trouble are seldom advertised. We might compare the obvious manifestations of resistance with crude slips of the tongue, in which the unconscious purpose is barely disguised, or with open manifestations of transference. In fact, many slips and transference-manifestations are nothing more than indications of resistance, the only criterion being the evidence of a defensive attitude, as distinct from the expression of a practically unmodified unconscious trend. Thus, when a patient intending to say 'Gaiety chorus-girls' actually says 'coitus girls', or when another intimates that something 'has come into his mouth', meaning to say 'mind', we have examples of obvious slips in which on the whole the libidinal impulse predominates. When another patient, after a disquisition on the habits of monkeys, takes up the thread of association with the phrase 'Now, donkey', meaning to say 'Now, doctor', we have an obvious slip in which on the balance the reactive forces predominate. So with crass resistances as a whole: their intent can scarcely be mistaken. They resemble the rashes and tumours of clinical medicine, which are recognized by simple inspection or palpation. The most crass of all resistances is of course where the patient decides to abandon analysis, but there are all sorts of modifications of this attitude. Patients may see to it that only a limited period is available for the analysis or take advantage of every well-rationalized opportunity to

absent themselves from analysis ; or there may be occasional absences on clearly inadequate grounds ; they may arrive late, either occasionally very late or frequently a few minutes late. Amongst the regular attenders may be noticed those who arrive in a flurry after taking the wrong bus or chasing down the wrong street, or after ringing the next door bell or walking busily past the door. Those who forget a changed appointment or ring up to have it confirmed are in the same group. Again, those who lag on the way to the analytic room, dally with one thing or another on the way to the couch, making affable conversation *en route*, are really of the same disposition, save that their positive cover is more marked. Then we have the obvious resistances to analytic technique, every variety of pause or circumlocution, automatic criticism and rejection on intellectual grounds of interpretations given, speaking inaudibly, gabbling, and so forth. Inattention may vary from slight hardness of hearing to falling asleep. Next we have to consider obvious deflections of libido from the analytic situation, in particular the attachment to love-objects of either sex, marked changes in interest and occupation, business entanglements involving financial loss, the exploitation of intercurrent or chronic organic disorder involving treatment at the hands of another practitioner. In fact, it would be easy to produce an extended catalogue of obvious resistances, classifying them according to taste, but the foregoing may be taken as a sample.

When we come to consider the more unobtrusive resistances, the classification is again a matter of individual taste, perspicacity or sensitiveness. Some analysts have a flair for detecting particular types of resistance and would naturally read minute indications of these on the run. For others it would be fair to say that less exaggerated expression of the defences described above would be regarded as unobtrusive e.g., minor pauses, slips, inattentions, circumlocutions, etc. Nevertheless, I should be inclined to say that, although we must be constantly on the alert for such minor indications, they do not constitute the most important part of an unobtrusive group. *The most successful resistances are silent, and it might be said that the sign of their existence is our unawareness of them ;* in other words, resistances exist which we are able to detect most often in retrospect, and of which we first become cognizant either on account of a slowing of progress or because of some more or less explosive break-through in obvious forms. On the whole, the characteristic of these unobtrusive resistances is just that they are not explosive, do not break through or disrupt the

superficies of the analytic situation, but rather infiltrate the situation, exude through it, or, to vary the expression, move with the stream rather than against it, snagwise. A few examples suggest themselves here. There are many isolated occasions in analysis and many continuous periods when the patient seems to conform to all the requirements of analysis. He has talked freely, moved from subject to subject in a way which seems to suggest a continuous thread of underlying connections, has dealt with some emotionally-toned ideas, primitive interests, or early memories and phantasies. On isolated occasions the signification of this behaviour passes unnoticed, but when the same process continues over a longer period, it sooner or later dawns on us that we are experiencing a 'doldrum' variety of resistance. The point of interest to us lies in the phrase 'sooner or later'. Again, a patient comes along and day after day becomes immersed in a train of emotional associations with every evidence of affective discharge; the unconscious subject-matter seems easy to appreciate: it may be a question of anal or exhibitionistic pre-occupation or the ever-present subject of castration-anxiety. One seems to be 'getting on' or, to take a more modest view, the patient appears to be progressing satisfactorily, aided or unaided by our interpretations: gradually, however, it begins to dawn on us that instead of moving forward or backward we have been practically at a standstill for some time. It is as if we had been watching under a magnifying glass a piece of radioactive material, shedding constant emanations without any obvious diminution in weight. Now there are many possible explanations of this state of affairs, but to describe them all in immediate detail would anticipate conclusions which can be formulated more conveniently at a later stage of our discussion. Let us assume for the moment that there is no evidence of *bonâ fide* 'working through'. We are then thrown back on three main possibilities: (1) the patient may be trying to screen an entirely different subject by this deployment of forces, offering up a vicarious sacrifice, e.g. of genital images in favour of anal images; or (2), as James Glover pointed out, we may have been blind to one of the patient's exploitations of the transference-situation, to a sort of exhibitionistic orgy. It was not so much the anal or genital images that mattered, but the gratification of an exhibitionist tendency in the transference; or (3), the patient is dramatizing an infantile situation, e.g. of mistrust or disappointment, rather than remembering it, and at the same time covering this dramatization by displacement. The reiteration then means 'This

situation was never put right in the past, so it can never come to an end'. Another example will occur to most of us: days on which, without anything to indicate any special drive or any special resistance, we have been quite at sea as to what is going on. This is, of course, a common experience, and I mention it here with the idea of commenting later on our attitude to such manifestations. There are many other examples of unobtrusive resistance: constant preoccupation with emotional material which on examination is found rarely to have much direct connection with the patient's *own* experience, vicarious sacrifice through the mechanism of introjection. Another is an imperceptible deflection of libido to non-analytical objects, a deflection which is not selective, but rather in the nature of an undifferentiated spread outwards and away from the analytic situation. As a last and simplest example of unobtrusive resistance, we may advance the phenomenon of unswerving punctuality at analysis. But the isolation and clinical description of forms of resistance is really not very satisfactory: it ignores their inter-relations and gives no clue to the actual state of the analytic situation. For example, many of these 'doldrum' periods may be closely related with some change in extra-analytical libido-dispositions or some shifting emphasis in the symptom-picture, either or both of which may have gone unnoticed. Again, what seems to be a very stormy resistance may be actually a prelude to the weakening of defences. So we may go on to consider the next aspect of the problem, namely, the *functional* aspect.

I do not propose to spend much time on the general mechanisms of defence. These are exhaustively described in almost every text-book of psycho-analysis. Until recently it would have been sufficient to say that any of the processes described as being part of 'repression' were *à priori* resistance-mechanisms. Resistance was evidence of the operation of repression. But, as we know, the term 'repression' was quite unable to contain all the elements of mental defence and latterly was employed so loosely that Freud found himself compelled to re-employ his older label, viz. '*defence*'. Repression was then shorn of its bulk and became, along with reaction-formation, regression, etc., one of the mechanisms of defence. But it is still true to say that each and all of the mechanisms of defence can function as resistance. Now I need not give a catalogue of processes like projection, displacement, distortion, rationalization, of reversal or reaction-formation, counter-charge or screening, of amnesia and so forth. That is a matter for systematic study. But I wish to advance this functional stand-

point in order to avoid a possible misconception of the nature of resistance. In talking of ' resistance phases ', ' periods of resistance ', ' overcoming resistances ', I may have given the impression that defensive processes are simply artefacts, peculiar to analysis. This would not seem to tally with the accepted generalization that defences exist throughout the whole of the analysis. I think the functional view avoids any confusion. It is true to say that there is something characteristic in the nature of the defences evolved by analysis, certainly from the quantitative point of view (that is, their intensity), but it is equally true that the mechanisms of defence have not been newly formed to meet analytical junctures. This is what is meant when writers on technique tell us that the unconscious or, as we should now prefer to call it, the id, is everywhere. The id—the source of instinctual energy—is, in the sense of continuous drive, everywhere and always. As a concession to reality it has, we might say, grown the ego, or more accurately it has, at its external boundary, been modified into a reality-organ, the ego ; and that organ to some degree or other functions, no matter how slightly, for the ' always ' of the individual, i.e. during his existence. So that defences are always present, as in the dreams of the dying. If this were a theoretical discussion, we could now proceed to consider the regulation of instinct by the pleasure and reality principles. But I prefer to keep to the practical implications of the functional point of view. As, however, we have mentioned the modification of instinct, we may well illustrate the functioning of resistance by means of an appropriate example, i.e. the cover afforded to unmodified drives by the existence of modified tendencies, in other words by sublimation.

Now, if you will allow me, I will refrain from entering into a theoretical discussion of sublimation. I think we are on safe ground if we go on the customary definition that it represents that modification of a sexual impulse by which it is divested of its sexual aim and is turned into other channels, the whole process being effected unconsciously. In the process of deflection the mechanisms of identification and displacement are employed, so that when we come to examine a sublimation it is rarely difficult to see at what point in infantile development the deflection was initiated or the possibility of side-tracking established. Now it will be agreed that various cultural activities of mankind, both creative and imitative, constitute true sublimations in the sense of our definition. Turning for the moment to observations of another kind, it is general experience that snobbery of various sorts is

to be taken as either a positive or a reactive indication of a set of superiority and inferiority values, which, on further examination, can be related to the infantile family setting. We might say that from one point of view snobbery represents a scale of castration values, set up by the ego in accordance with stereotyped libido-dispositions and sensitiveness to anxiety. It cannot have escaped attention that in most analyses questions of cultural development and appreciation appear to be very highly charged with anxiety. Patients behave as if their mental perfections were about to be put to the test of nakedness ; and, moreover, they are found to be critical of the æsthetic taste and qualifications of others, particularly, as Abraham long ago emphasized, of the analyst's real or imagined æsthetic imperfections. Now the point about this type of resistance is that, where such a position is strongly maintained, a large part of castration affect might escape our notice. It may occur to you that I have chosen a needlessly complicated example to illustrate this functional aspect ; and it is true that a simpler example might have been found. We might for instance have taken the case of projective types of defence and have shown how they operate normally and continue to operate during analysis in a more striking fashion. My reason for choosing the ' cultural anxiety ' example was to draw attention to the *high defence-value of rationalization*. Rationalization is of course a very broad term and is capable of much sub-division, but, generally speaking, it is distinguished from pure repression in that the excitation in the case of repression is kept at a distance, whereas rationalization is a *screening* process, intended to cover a flaw in repression, e.g. to cover ideas or actions which are intended to gratify an unconscious need. Rationalizations are, however, of special importance in analysis, because we tend to reject them automatically where we conclude that the attendant affect is disproportionate and, *what is much more questionable,* tend to accept them on their reality-value when we think the reaction is adequate. This is a problem of great importance during the analysis of the transference-neurosis, and we shall consider it in more detail later. To continue with the functional analysis of this cultural resistance, we have to note that it is screened by preoccupation with sublimations. Now sublimation is itself primarily a defence of the ego against unmodified instinctual drives or alternatively against the dangers apprehended should such unmodified drives be gratified. What happens in our case is, I imagine, that the id attempts to undo the effect of this sublimation to a certain extent by a process of infiltra-

tion, and the rationalization is simply a reassurance to hoodwink the super-ego, as if to say, ' Don't ferret around here for id-gratification, this is all genuine sublimation '. We see then that every form of instinctual modification can be made use of for defensive purposes and that the ego is constantly engaged in keeping a balance between defence and counter-attack, trying to make the best of things.

This principle of balance of advantages is, however, a useful introduction to the third avenue of approach to resistance problems, viz. the *transference-resistances*. Here we have a highly specialized ego-defence, in which an attempt is made to avoid the uncovering of unconscious ideas by their re-enactment in analysis and in relation to the analyst. Moreover it represents an attempt to snatch real libidinal gain, as it were, on the run. The example of this relationship most frequently described is that where a patient's resistance has to be considered as part of his negative transference and so related to the kernel of his infantile emotional dispositions, the Œdipus complex. In this sense many resistances can be related to the castration situation and represent a repetition in relation to the analyst of the positive or inverted Œdipus complex as the case may be. This represents in fact one of the most difficult phases of analysis, but if we come to consider it in greater detail it will be seen that it is an inevitable phase—indeed that, provided we can keep control of the situation, it is one to be welcomed. Let us consider what leads up to this situation. A few moments ago we were asking whether there was not something specific in the resistances to analysis, and I suggested first of all a quantitative factor as being characteristic. But there is another factor which distinguishes analytic resistances from the mental defences in all other situations : it is the revival, re-animation, re-experience in analysis of the incest-wish and the incest-barrier. Not the toleration of conscious incest-wishes of an adult variety, a type of sexual wish frequently met with and frequently gratified, but the conscious conviction through mental experience of the reality of the infantile Œdipus situation in all its strength and horror. This can occur nowhere else in human experience. Now we know that, through the process of identification, analysis is equated not only with simple situations of the nursery type, e.g. excretory rituals, but with purely unconscious situations such as that of apprehended castration. All patients expect to lose something valuable in analysis and many show from the beginning what the unconscious view of the situation is : a patient dreams on the second day of analysis that he has just climbed a rickety

scaffold, apprehends execution and begins to beat a speedy retreat, saying in an expostulatory manner,' Look here, I must be getting down out of this or there'll be trouble '. So that from the very beginning we should expect to find that a defensive process expressed in terms of analysis would be equated with a legitimate defence against mutilation. When the homicidal paranoiac shoots someone who he thinks has dark designs on his potency, to be effected by means of injections or electrical discharges or other malignant influences, we can appreciate his point of view, but regret his defective sense of reality. In the analytic situation we may sometimes regret that the neurotic or alleged normal type has not some of the paranoiac's insight into the equation of treatment and mutilation, or even if, as occasionally occurs, he has insight, that it is insight of an intellectual sort, desiccated of emotion. Indeed, we may recall here as confirmatory evidence of our views that in some reported cases of analytical resistances (cf. Alexander) temporary attitudes of a paranoidal type have been observed. Moreover it is probable that in some extreme cases of transference passion the erotomaniac attitude developed is a defence of the same group.

But in addition to the fact that the analytic situation is equated with the Œdipus situation from the outset, we must remember that we have been from the very beginning taking every step possible to see that we lose none of the affective charge appropriate to this situation. You will note of course that I am here compelled to make reference to stages in analysis. At the beginning we enforced a rule of free association ; we encouraged the expression of preconscious representations of unconscious wishes ; we were on the outlook for all sorts of mechanisms of displacement and projection : we reversed these mechanisms in order to drive out from every hiding-hole affective charges which we wished to assemble on the analytic field. If they exploded on the way, we pointed out their direction ; if they were too explosive, we were content with a sample. We cannot therefore be surprised if, at the end of a few months, the analysis becomes charged with affect and tends to take on an increasingly infantile colour. Every time we reversed a projection we did not necessarily annul it : the patient said silently ' Oh very well, if I can't project it there, what about projecting it on to you ' (the analyst) ?

But yet another specific factor has been at work. In bringing up his material the patient has inevitably touched upon matters, and exhibited reactions, which are reminiscent of his pregenital stages of

development, his reactions to thwarting at oral, anal and phallic stages, with their various types of sadistic accompaniment. He has revived attitudes of criticism which were once appropriate to the nursery, e.g. the strange inconsistency of parents in their seemingly hypocritical intolerance of childish activities which they themselves clearly exploited. So that when we begin to analyse in an adult various critical attitudes to significant personages outside analysis, various tendencies to see the feet of clay, we are laying up a lively charge of analytical criticism for ourselves, in other words, courting a negative transference. Now quite apart from the fact that we prevent overcharge by various amounts of interpretation as we go along, the patient, too, is attempting to deal with overcharge, but with a significant difference in aim. He is showing perfectly normal function in the endeavour to bind this charge, but he is anxious to get it bound before there is any chance of opening up the original channels of communication and bringing the charge home to its infantile roots. So he binds it, *if he can*, in analysis. From this point of view the strength of the transference-wishes is comprehensible. It is not for our intrinsic virtues that patients adopt an amiable attitude of appreciation towards us: they are defensively endeavouring to make puppets of us, to ' buy us off ' before the matter goes any farther. In the same way it is not for our inadequate personalities that they castigate us, revile us, and in certain instances cast us out. It is an eleventh-hour attempt to bind not only their hate but their thwarted love. And not only their thwarted love, but a certain kind of unthwarted love: for we know that in at least one pre-phallic stage of development, to beat is to love, as indeed the sadist and masochist still think. Hence almost literally they endeavour to beat us in both analytic senses of the term or to rouse us to reprisal. Obsessional cases, with their anal-sadistic fixations, exhibit this in a characteristic way. In the opening phase they may in fact have recalled that as children they were violently excited and enraged by the administration of enemata; they may have informed us (although this is not so likely in the first stage) that they are still preoccupied with exciting phantasies of the ' enema ' or ' whipping ' group. We might, after elaboration of these subjects, come to the conclusion that we had ' analysed ' this part of their development. If we did, we should in most cases be wrong. We should have missed entirely the defensive transference repetition of these phantasies. Casting back, we should remember that on many occasions they had asked us with (as we now see) mock solicitude,

whether they were doing things ' in the right way ', that their association habit was to pretend to tell us something but always to deny us at the last minute. They may even have confessed to the idea that we have been aggravated by their conduct. In short, they are ready to be informed as a prelude to deeper interpretation that their phantasy is one of being ' whipped ' or ' clystered ' by the analyst. But, in the first instance at any rate, all we could say about them was that judging from their association and demeanour, they ' resisted ' analysis. Here we must leave the subject of transference-defence for the moment, to return to it when considering the stage of ' transference-neurosis '. But before doing so, we may repeat in general terms that both positive and negative transferences are made use of for the purpose of defence.

We have, however, in considering the transference aspect been preparing the way for the fourth line of approach, a *consideration of resistances in relation to fixation-points* in development and to the choice of disease, the option of neurosis. We need not spend much time on fixation-points, not because they are unimportant, but because their influence on analytic associations and attitudes is not difficult to recognize. Of the many observations we make during the opening of analysis without necessarily communicating them at once to the patient, different types of association and different attitudes to objects and activities come easily first. One thinks at once of typical anal reactions and attitudes, the tempo of associations, the attitude of grudge or reluctance to part with them, the nursing of ideas, the impulse to give a complete or rounded narrative, the resentment of interruption, the rejection of interpretation, sensitiveness to changes in time, reactions to the payment of accounts, and so on. Similarly we find in the patient's extra-analytical reactions evidence of the same attitude in relation to all external objects or again in his attitude to activities, professions or professional hierarchies, to authority, to underlings, etc. But, you may legitimately ask, do you not analyse all these as they appear ? what do you mean by not communicating them ? Now of course we do analyse or rather ventilate many of these attitudes immediately and, it may be, quite early in analysis ; not necessarily all, however—otherwise we might get side-tracked or teach our patients how to side-track themselves. But at the beginning our purpose is to ventilate everything that is a stumbling-block to the progress of the analysis. What we do keep to ourselves for the time being is an increasing conviction of the significance of certain stages of development. *The time to ventilate this most effectively is when, in the*

reconstruction phases of the transference-neurosis, we are able to give actual point to our earlier generalizations and impressions. To give an example, in the analysis of a slip or attitude which had some clear anal significance, I should be satisfied in the earlier stages if, as the result of my interference, the patient brought up an earlier set of reactions of a similar kind or, better still, if he recalled nursery memories of unimpeachable intensity. In the second phase I should want to know first where I came in, i.e. what the transference-significance was, and if the time was ripe I should endeavour to correlate this with previous interpretation, *always provided I could add a little point to a previous comment.* If at first we get side-tracked in proving to the patient that he is a thoroughly anal type, we may not only arouse his later legitimate defences at an earlier stage, but may provoke the question ' What of it ? ' before we are actually able to correlate our findings. Coming back to evidences of fixation as they appear in resistance form, we must again refrain from giving a mere catalogue of the different types. These can be got from general reading and are not difficult to classify. The same may be said of analytic reactions which throw light on the original strength of the component sexual impulses. We may note, however, as in the case previously mentioned, how one group may screen the other, how the type of patient with anal preoccupations may really be gratifying an otherwise inhibited exhibitionist tendency. In both groups the main classification is one of positive types and inhibited types.

Now to consider types of resistance characteristic of different disorders : I wish to make only the barest reference to these here, because the subject will occupy our attention more fully later, when we are considering different forms of the ' transference-neurosis '. This is, however, a suitable moment for reminding ourselves that, in Freud's latest work (*Hemmung, Symptom u. Angst*), not only have mental defences been given a more orderly classification, but that they have been roughly correlated with different stages of development, and consequently with the disorders attendant on fixation at these stages. Put very simply, perhaps too simply, the position is as follows : Freud in examining the problem of anxiety came to the conclusion that anxiety is a *danger-signal* given by the ego as a warning against the danger of approach of a state of psychic helplessness in the face of overwhelming stimulation ; it is a sort of sample-reminiscence of a previous helplessness as experienced at birth. In considering what might represent a danger of helplessness, he concluded

that this would be modified in different stages of development, and he correlated these modifications with different clinical conditions, e.g. fear of the loss of the protecting and gratifying object with early infantile phobias, castration-fear with later phobias, fear of loss of love with hysteria and fear of loss of love by the super-ego with obsessional neurosis. Then, taking up the question of defence, he suggested that repression is a process having a special affinity for the genital organization, and is therefore the characteristic mechanism in hysteria ; in the case of the obsessional neurosis he points out how regression to an earlier stage of libido-development is used as a defence. Further, in regard to reaction-formation, he shows how in obsessional neurosis this is directed against inner stimuli, i.e. the strength of instinct-excitation, whereas in hysteria the counter-charge is directed mainly towards external stimuli calculated to excite inner excitation. Finally, in the case of the obsessional neurosis he describes mechanisms of ' isolation ' and ' undoing ' which operate with a view to surrounding any impulse-presentation with a thought- or action-vacuum. The description I have given is extremely inadequate, and it is not to be supposed that there is any hard and fast separation to be observed in any one case. But these general indications can, I think, be turned to advantage during the analysis of resistances. They explain, for example, the necessity which the hysteric shows for feverish retention of an inflamed transference-situation and make us understand one of the reasons why the analysis of the transference is so vigorously resisted in spite of its extremely obvious manifestations : the patient is struggling to avoid a traumatic situation implied in transference-dissolution. Hence, for purposes of reassurance, it is necessary to feel that the analyst really loves him or her. Moreover, it is doubly necessary for the patient to keep alive transference-passion in order that this may cover hate-tendencies by hysterical reaction-formation. Further, we can understand why the phobia patient tends to behave in analysis as if he were in imminent danger of castration at the hands of the analyst. Freud's views show us that much of our work in the obsessional neurosis will be the reversing of reaction-formations, retracing the course of regression and placing thought-bridges over the defensive vacuum-belts ; again, that we must not be deluded in obsessional cases by the fact that the presentations are not repressed, although much distorted ; that we have still to make such patients as affective in thinking as the hysteria is affective when his repressed ideas are uncovered. Moreover, we can understand why even the

slightest ventilation of phantasy in obsessional neurosis is heralded by an interminable string of apologies made ostensibly to the analyst, but actually produced for home-consumption. The patient is placating his super-ego.

So far our approach to the problem has been systematic, a general description of clinical appearances, function and relation to stages of development. But we must not lose sight of the fact that in actual analysis the problem has an essentially practical side. *When we stand back from analysis we can visualize the defensive function of resistance ; but when we are actually engaged in analysis the outstanding fact is that the patient's own personality is the mouth-piece through which these defences are expressed.* In short, the general impression given is that the patient is *personally* resisting, instead of being the tool of his unconscious mechanisms. This does not apply so much to the difficulties arising at the very beginning of analysis, where he seems to be ' doing his best ' ; in the last lecture I offered as a tentative explanation the possibility that these were mainly super-ego resistances associated with guilt-feeling. But I also suggested that the next batch had a different origin, were typical ego-resistances. Now, when these general ego-resistances gradually shade off into specialised transference-resistances, they are apt to create an impression of ' perversity ' in the sense in which a child may exhibit an ingeniously perverse disposition. Now it is partly true to say that sooner or later the patient behaves like a perverse child, and there is no objection to this description provided we keep in mind that a perverse child is a child already on the defensive against instinctual urges. It is of course inevitable that as the analysis proceeds and infantile development is unfolded, either directly or indirectly, the analytic situation will take on the colour of an infantile situation and the patient will behave at times precisely like a thwarted child. He may experience the impulse to yell and scream, to throw things about, to gnash his teeth, to say ' Shan't ' when encouraged to associate. He may in fact carry many of these impulses into action. All of these are typical transference-repetitions of a regressive type, and usually disappear after interpretation of the situation in relation to infantile development. They may recur, but can once more be reduced. Sooner or later, however, we find that some situations cannot be reduced in this way. Situations of mistrust, injury, grievance, depreciation, etc. often dramatically represented in the transference, may begin to dominate the analysis for the time being. We give what seems a valid

interpretation, but the effect seems to be either minimal or transient or entirely nil. The same or similar material comes back seemingly just as highly charged, and the defensive reactions are as vigorous as ever. We repeat our interpretation, possibly from a new angle, but again the result is the same. The process is repeated over a prolonged period, until we begin to think that we are dealing with a transference manifestation of *obstinacy*. But we find that even repeated interpretation of the situation on the basis of negative transference does not seem to make much difference. We think of some concealed exhibitionistic satisfaction, but interpretation along this line does not materially alter the situation. In short, having exhausted the possibilities of resistance arising from the ego or the super-ego, we are faced with the bare fact that a set of presentations is being repeated before us again and again. That is at the same time a clue to the understanding of the situation, because the nearer we get to seemingly blind repetition, the nearer we are to a characteristic of instinctual excitation. It seems then that the id has turned the tables on us. We expected that by removing the ego-resistances to an idea we should bring about something like automatic release of pressure, that the charge would either dissipate itself explosively and openly, or that some other manifestation of defence would immediately arise to bind the freed energy, as happens in transitory symptom-formation. Instead of that we seem to have given a fillip to the repetition-compulsion, and the id has made use of weakened ego-defences to exercise an increased attraction on preconscious presentations, an attraction the existence of which is of course already familiar to us in observing unconscious drift during free association. For this reason Freud has described the manifestation as being the '*resistance of the id*'. He had already told us that during analysis there are certain situations which cannot be immediately resolved by mere interpretation, but require a process of more or less prolonged '*working through*'. This process of 'working through' is now recognized as the only method at our disposal with which to counter the id-resistance. The id, having no organization, cannot be affected save through the presentations it charges and the affects it initiates: that is to say, we can only deal with it *via* its boundary-formation, the ego.

At this point you will doubtless recall that earlier in the discussion I described certain 'doldrum' periods in analysis, describing them generally as being at first unobtrusive and relating some of them more specifically to exhibitionistic tendencies, manifestations of trans-

ference, etc. I was careful, however, to add the saving clause ' where there is no *bonâ fide* evidence of " working through " '. The reason is now apparent. If we are certain that the defences in operation are ego-defences, we may expect to obtain some result by directing attention specifically in these directions, but if the ' doldrum ' is due to id-resistance, continuous hammering at the ego, on the grounds of vague feeling that we are dealing with transference perversity, is not likely to produce any result, and may in addition give the patient an impression of perversity on our part. Hence I have left the question of ' working through ' almost to the last in order to correct the impression of personal motivation in resistances. It has to be admitted that the existence of id-resistances is generally arrived at by a process of exclusion, and in practice it is safer to do so : we are less liable in this way to overlook unobtrusive ego-resistance. For the rest, we must depend on our feeling and judgement as sharpened by experience. I have remarked elsewhere that there is no absorption-point for all kinds of interpretation, to go beyond which is unnecessary and sometimes inadvisable. This is true of local resistances and especially true of larger movements of resistance. *When we have found that a repeated interpretation has no effect, the first thing to do is to consider whether it is valid or covers the ground sufficiently, and the second is to look round the analytic situation and the patient's external situation for possible oversights and omissions. During this process we need not press interpretation any farther : we must wait until we have more information to go on. In the meanwhile the patient will have a needed respite, during which he will continue the process of ' working through '.* In the opening lecture I advised against taking a too schematic view of analytic situations and phases : I should like to supplement this here by saying that *analysis is not to be measured by numbers of sessions.* One occasionally hears the comment ' I got nothing out of so-and-so to-day or last week or last month ', or again, ' We seem to be stuck for the moment ', or ' I felt that I had not earned my fee on such and such a day '. We shall see later that this is mainly a manifestation of guilt or anxiety on the analyst's part, but in any case it is unnecessary self-reproach in view of the nature of id-resistance.

One final example of resistance requires special mention in our review. It is the resistance due to the disturbing effect of analysis on the ' gain through illness '. I need not take up your time with the distinction between primary and secondary gain ; nor need I give any detailed clinical illustrations of these differences. Psycho-analytic

literature is full of dramatic case-histories illustrating the operation of ' gain through illness '. I would merely point out that the operation of ' gain ' mechanisms can be observed very clearly at two points in every analysis. The first is when in the course of developing transference the patient can afford to abandon some of his symptoms. At this stage we can often observe an attempt to strike a new bargain and can judge from the nature and urgency of transference demands the libidinal and ego value of the earlier construction. We may for example have inferred from the nature of the symptoms accompanying a depressed state that they represent a distorted and inverted sadistic phantasy. Striking confirmation of the accuracy of our impression can often be observed during phases of remission. The patient may make quite overt demands on the analyst for the satisfaction of active or passive sadistic impulses, and react to the absence of gratification by a resumption of symptomatic expression, a resumption which, by the way, should be countered as far as possible by interpretation of the gain mechanism. The second opportunity occurs towards the end of the analysis, when the patient, apprehending loss of the transference situation or finally realizing that transference demands are barren of fulfilment, in fact incapable of it, endeavours to fall ill once more. Actual observations of this sort will do more to convince you of the defensive value of ' gain ' than a good deal of case-reading in the literature.

We are now in a position to summarize our views of resistance and to give Freud's classification of them into five groups in accordance with their origin. First of all, the *ego* uses the customary defence-resistances against id-excitations in order to keep unconscious presentations from consciousness in analysis. *These are repression or defence-resistances.*

Secondly, we have the *transference-resistances,* which endeavour to avoid memory work by keeping alive a new enactment of old situations in the transference.

The third is the *resistance due to the gain through illness,* which is connected with the ego's manipulation of symptoms. *All these are ego-resistances.*

The fourth is the type we have described where *guilt-feeling* and *self-punishment* tendencies indicate a conflict between the super-ego and the ego. This is the characteristic of *super-ego resistance,* sometimes called the ' negative therapeutic reaction ', when the need for punishment continues to exploit symptom-formations and is the sole remaining barrier to their resolution.

The fifth is the *resistance of the id*, which is indicated in the process of '*working through*'.

To relate these now to analysis, we may say that the first group, defence-resistances, functions throughout analysis with periodic fluctuations in activity. As a rule they catch our eye first, and are therefore perhaps a little too optimistically regarded as being mainly associated with the opening phase. Transference is, as I have said, always present, but the transference-neurosis is so characteristic that it has been given a special stage by itself. Transference-resistances, especially in the form of manifestations of negative feeling, are seen throughout this stage, and again when we attempt to dissolve the transference. Gain-resistances are most apparent at the commencement of the transference-neurosis and in the last phase of analysis. Super-ego resistance is constantly operative, but may give rise to especial difficulty at the beginning of analysis and again in the later stages of the transference-neurosis. On the one hand, owing to the punishment value of symptom formation, super-ego resistance holds up the transference resolution of symptoms, i.e. it prevents a full expansion of transference. On the other hand, it seeks to maintain whatever element of projection is already established in the transference, i.e. it hinders resolution of the transference. When these two factors are accentuated we are faced with a hold-up which is only comparable with id resistance. The latter, like super-ego resistance, is always operative, but is most obvious in the second half of analysis.

We have here the key to the vexed question of dealing with resistances. We are in constant conflict with functional ego resistances and we can safely deal with these as they arise, remembering of course that repression is a means of preventing anxiety. Transference-resistances have to be commented on as they arise, but we can make best use of them when, by memory-work or reconstruction during the transference neurosis, we seek to uncover the patient's forgotten development. Gain-resistances are uncovered along with transference-resistances, but are finally uncovered in the regression stages during the last phase of analysis. Super-ego resistances have to be explained early in many cases, but cannot be effectively uncovered apart from the transference. Given sufficient attention to other sources, id-resistances must be given their own time.

IV

COUNTER-TRANSFERENCE AND RESISTANCE

During our consideration of the opening phases of analysis and of the varieties of defence which may be opposed to this process, we have gone on the assumption that the analytical sauce was all for the analytical goose. We have for convenience in presentation taken for granted that any difficulties arising were due to mechanisms of defence exhibited by the patient. This is a comfortable but inadequate assumption, and I do not imagine we can go on profitably with a description of the next phase in analysis without some precautionary consideration of the analyst's own position. We have to remember that this next phase is roughly that of the ' transference-neurosis ' proper, a stage where the history of the patient's development leading up to the infantile neurosis will be re-enacted within the analytic room. During this period the patient plays the part of actor-manager, pressing into his service, like the child in the nursery, all the stage properties the analytic room contains, first and foremost the analyst himself. The latter, like the repertory actor, is cast for various rôles, only a few of which, if undertaken, would be gratifying to his vanity ; the patient, childlike, tends to project on to the analyst the more displeasing and distasteful parts. The situation is similar to that which obtains in dream-life where apparently distinct personages play at one time the part of object and at another the part of subject in the patient's phantasy.

There is, however, an essential difference between the play-acting in dreams and the play-acting which goes on during the transference-neurosis. It is a difference in the reaction not only of the patient to his dream-material, but of the analyst to whom the dream-material is imparted. It requires little experience to learn that many patients rather enjoy analysis of dreams, even where the content is seemingly distasteful. It is after all ' only a dream ', something for which the patient does not hold himself personally responsible, thereby affording respite from the recital of other affective material. He is prepared during positive phases to be interested or co-operative in dream interpretation as if the process were a complicated but rather intriguing parlour-game. In negative phases, his co-operation will take the form of attempting to displace the analyst, vying with the latter in disinterested interpretation, or presenting what he considers to be more valid and ingenious explanations.

The analyst is not likely to remain hoodwinked by this enthusiasm on the part of the patient, but it is just possible that for some time he might not observe signs of reaction on his own part to dream-material. For example, during an otherwise obscure period in the analysis he may find himself glad to seize upon a dream-fragment in the hope of illuminating the immediate difficulty. This is a perfectly reasonable, legitimate and every-day procedure. But we are not engaged for the moment with the technical aspect of the situation: what concerns us much more is the reaction of *relief* experienced by the analyst, indicating as it does that he has been worried by the apparent lack of movement in the analytic situation. In other words, his attitude to this particular fragment of analytic material has been partly reinforced by reason of subjective tension. But suppose now that the analytic situation had not been obscure, that the analytic picture had been dominated by a negative transference, and that the patient's querulous or nagging criticism had been punctuated by fragments of dream-material. Here any tendency to preoccupy oneself with the dream-material to the exclusion of a pressing transference re-enactment would merit a certain amount of self-inspection, on the grounds that the seemingly impersonal nature of dream-production may afford the analyst the same respite from unpleasantness as it does the patient. It is easy to see oneself playing the alternate parts of hero or villain so long as there is no doubt of the element of ' make-believe ', but in the transference re-enactments the actor-manager (the patient) is unaware that there is any make-believe. Just as he is consciously quite sincere in his arrogation of the ego-syntonic parts, so he is quite convinced that his projection on to the analyst of ego-dystonic rôles is simply a description of fact. For prolonged periods the analyst will find himself regarded by the patient as the living personification of qualities and attitudes repugnant to his own ideal.

Now, without recapitulating the considerations concerning the perfectly analysed analyst mentioned in the opening lecture, we may remind ourselves that the id is always with us and that, however happily instinctual drives are sublimated in the profession of psycho-analysis, it is also a function of the mind to deal with current stimulation and reduce its intensity. If we go further and assume that the stimuli occurring during analytic practice are of a highly selective sort, battering against a newly established protective system in the analyst's mind, it is not unreasonable to suggest that this protective system should be kept in constant repair. It is not difficult to see that a

situation of this sort is bound to arise. Consider, for example, the mechanism of projection which is so constantly exploited by patients in analysis. Projection is a return to or persistence of the old system in infancy whereby an inner pleasure-ego is kept free from inner pain-elements by projecting the latter into an outer ' painful ' world. So the patient, whenever possible, projects his ' painful ' ideas : e.g. it is not he who is inferior or who deserves punishment for entertaining guilty ideas ; it is the analyst who is a fool or who deserves to be exposed. The patient has thus endeavoured to purge his inner pleasure-world of painful ideas and has aimed the rejected products with considerable skill at the personality of the analyst. But his aim is more accurate than he knows. His analyst has gone through the same ego-development, has used qualitatively identical mechanisms of defence, and has in his day projected literally to his heart's content. But, it will be remarked, he has since been analysed, and ideas of a stimulating kind will no longer act selectively on his mind. So much may be admitted freely : if the analyst's analysis has been successful he will not be *hypersensitized* to products of his patients' unconscious phantasy. Neither will he be in the strict sense of the term *immune*, a state which really implies a defensive familiarity. He will be able to translate these products *without reacting to them.* But listening to a phantasy, or to the description of external happenings in which the analyst is not directly involved, is a different state of affairs from having to see oneself in the patient's mind playing all sorts of *real* and inferior parts in relation to him. This is in a way an attack on one's ego. Now of course in the castration sense one ought to be free from the tendency to take umbrage or to counter-attack, but it seems to me that here is a type of stimulating situation which cannot be avoided in analysis and must be met as a current source of tension. And of course there are many other ways in which a stimulating situation may arise. After all, the mere fact that any one case does not automatically recover is an aspersion on the analyst which for a time may go far to outweigh the positive sublimatory satisfactions of the analyst's profession.

At this point we might be led into an interminable discussion of the subjective influences which may be held to be permanently resolved by the analyst's analysis and those which are liable to act as current stimuli irrespective of analysis. For example, a refractory case may prove a source of stimulation because the patient's attitude runs counter to the analyst's desire to heal, i.e. to his sublimations ; or it

may do so because the analyst's omnipotence attitude has never been fully ventilated, or because his oral and urinary erotic tendencies still demand satisfaction and evidence this through the characteristic trait of impatience on being thwarted. As it happens, there is no necessity to embark on this discussion, and for many practical reasons. Freud has pointed out in regard to neurotic formations that it is not so much the qualitative factor as the quantitative factor, the amount of interest charging a presentation, which may determine its pathogenicity. The fact that the analyst in his extra-analytical life is subjected to the ordinary stresses and strains of ego and libido adjustment makes it at any rate conceivable that the amount of satisfaction obtained from work which occupies a large proportion of his daily time and absorbs much of his energy must represent an important item in the current balance-sheet of mental tensions. Now both of these factors, i.e. extra-analytical and analytical satisfaction, are variable : hence, even if we make the greatest allowance for a hypothetical state of being ' thoroughly analysed ', it is evident that at the least some analytical ' toilet ' is a part of the analyst's necessary routine, in order to keep the balance redressed.

I think we need not spend any time in stating the case of counter-transference. What applies to the reactions provoked by transference projections applies equally to the result of positive identifications. Here the analyst is endowed with characteristics, many of which, e.g. tolerance, impartiality, etc., are quite definitely part of his own conscious ideal system. It is easy to see that patients whose attitude is strongly ambivalent will, by rapid alternation from extreme positive to extreme negative reactions to the analyst, put the latter's psychological integrity to the test. Nor need we consider the more narcissistic factors which have to be allowed for in the practice of analysis. As Freud has pointed out, the analyst's habit of sitting out of the patient's view serves two purposes : it is essential to the maintenance of that impersonality which in turn makes transference-interpretation more convincing, but it also protects the analyst from the strain of being under continuous purposive scrutiny during the whole of his working day.

Assuming now the possibility of subjective influence under certain special circumstances, how are we to detect this ? What are the indications or danger-signals ? The probability is that these will be found to have some resemblance to the general indications of resistance in any analytic situation, and at the same time to have some dis-

tinctive features related to the specialized nature of the analyst's activities. Hence to obtain any satisfactory answer to our question we must review the various phases of individual development and consider how far these may influence analytic attitudes.

Before embarking on this review, it may be well to consider how far such systematized reviews are valid in general analytical work. It may have occurred to you that instead of dealing with general movements in analysis it would have been more useful to devote these lectures to a systematic account of stages in individual development together with some indication of the particular manifestations they produce in analysis. It has to be admitted that there are many occasions in analysis when the material produced is extremely complicated in texture : every analyst must have experienced a difficulty in ' placing ' his material and have longed for an infallible sense of orientation. Can this be produced by cultivating the habit of reviewing associations and reactions in terms of stages of development ? I think the answer is that, whilst a sense of analytical perspective must be cultivated on a solid ground of systematized information, it can also be considerably hampered by over-anxious clinging to a structural point of view. Should the analyst follow this latter course too exclusively he may find that instead of analysing his patient, at some given moment, he has simply been engaged in a process of scientific description. He may, for example, fall back on his own knowledge of processes of development and classify his patient's material, noting for instance the presence of oral, anal or phallic imagery. His classification may be quite accurate, but it is of itself unimportant. It is true we want to know what particular group of ideas is in process of ventilation, but we must understand not only where this particular set fits into the patient's scheme of development but its relation to other groups. In other words, how much of the patient's early history can we *reconstruct* from his reactions, how has one phase modified another, and what processes of acceleration, retardation or regression have occurred. Even then we have by no means exhausted the situation ; we must be in a position to realize the immediate significance of any drift in association or of any set of specific reactions, e.g. whether it has any immediate defensive function. When an obsessional case constantly insists on making involved explanations, ostensibly embarked on ' to make things clear,' and at the same time hates to leave a subject ' in the air ' and must ' round it off ', we may reasonably regard this as evidence of an accentuated infantile anal characteristic, one which

is being exploited in the interests of his analytic resistances. Incidentally, when the analyst experiences a similar compulsion, e.g. to do a neat bit of work each day, to round off each analytic session with a complete explanation, we may suspect a similar interest. Having made interpretative use of our observations, we then add them to the store of information we are gradually accumulating concerning the relative importance of different stages in the patient's development. We do so not simply for scientific interest, but in the hope of being able ultimately to determine fixation-points or to measure regressions. As we shall see later, it is sometimes a matter of great difficulty to determine whether an interest is regressive or due to fixation, and we must often search collateral sources of information, e.g. the symptom picture, for the answer. Even there it is largely a matter of scientific interest when we are able to say ' so-and-so has an oral (or anal) fixation ', and for any therapeutic purpose it is useless to inform the patient of this fact. The importance of recognizing a fixation is related solely to our own grasp of the effect such a fixation would have on the patient's subsequent development. It is not in itself important that so-and-so has an oral fixation, but it is important that owing to his oral fixation a sadistic component in his object-relations has become pathogenic. To come back to our immediate concern: reviews constitute a useful analytic exercise and assist us in ' placing ' certain analytic material and in arriving at diagnostic conclusions, but they are not a substitute for analytic interpretation. I imagine that the tendency to accuse patients of fixations belongs to the classical signs of counter-resistance. With this preamble we may proceed to do for the analyst what we have not been able to do for the patient, consider in a systematic way how far his individual development can be reflected in his analytic attitudes.

If we start from the most primitive layers of ego-organization and libido-development, we are immediately faced on the one hand with various omnipotence-attitudes on the part of the ego and on the other with a reaction to immediate ' getting ' which is characteristic of the oral organization. You will remember that Jones in his study of the ' God-complex ' pointed out the satisfaction of primitive ego-attitudes which is sought for by the psychologist. That a patient should presume not to get better is an offence against the majesty of every therapist, for which the mildest appropriate punishment would seem to be excommunication or banishment. Indeed, it is no uncommon thing for the family doctor or consultant or general psychotherapist

to gratify this revenge-impulse by recommending a 'change' or a 'sea voyage'. For the analyst there is no such compensation; all he may do is to take stock of his own omnipotence. Now with regard to oral impulses, these can be early observed in many of the *patient's* reactions to the analytic situation and to association. This applies not only to his own flow of words and ideas, but to the interpretations of the analyst, which he regards as a kind of suck to be demanded in constantly increasing quantities. There seems to be no doubt that the analyst, for his part, may have similar difficulties. One of the besetting problems in analysis is when to speak and when to be silent: another, how much or how little to say. There is, as you can imagine, a positive tendency in the direction of giving too ample suck: here one at the same time identifies oneself primarily with the mother, and one's patient with oneself as a child. There is also a possible negative tendency, to be sparing of suck, one which is liable to be reinforced by influences related to anal development. Here is a situation where one is at the same time a parent and a successful but revengeful rival. But what if the patient takes a hand and refuses to give *us* the optimum amount of associative pabulum or attempts to mix with it a superabundance of chaff? Well, at any rate we ought to be watchful for any aggressive tendency to take what we want, or failing that to institute a talion revenge. I cannot help thinking that the method of dealing with refractory cases by setting a fixed termination has some resemblance to the oral urgencies of a highwayman's formula: 'Your associations or your analytical life'! But of course the highwayman, besides demanding magical sustenance from his environment, has an obvious and anal-sadistic drive to satisfy, and while we are dealing with this point of 'giving and getting' in the interpretative and associating sense we may consider later modifications of the principle. Evidence of identification by the patient of the analytic situation with a urinary-erotic or anal-erotic situation is not hard to find: the 'flow' of associations, the 'production' of 'material', or a condensation of both, as in the image used by one of my patients: 'a flow of golden sovereigns'. The latter visualized his associations as a urinary stream spraying out into drops which solidified and fell as pieces of money. In the same way with the analyst, positive urinary tendencies will tend to make him more communicative, negative anal tendencies more reserved. It is easy to see that when the pregenital primacies give way to genital primacy a link has been forged whereby the necessity to express oneself is related to genital achievement. This stage,

too, may be reflected in the analytic situation. But in fact the analytic situation is one in which for the analyst open self-expression of this sort is constantly thwarted, or is reduced to a more rarefied and highly adapted form, namely, technical interpretation. Interestingly enough, patients are prone to regard these interpretations unconsciously as a kind of sexual assault. Unconscious homosexual cases are very sensitive to what they feel are implantations of ideas in their minds, heterosexual situations are similarly represented, and cases whose unconscious conception of coitus is a sadistic one constantly solicit some ' active ' interference by the analyst. All this notwithstanding, practically all day and every day the analyst must listen : his desire for achievement must be indefinitely postponed.

To come back now to the attitude of the ego during the earlier stages. I think we may say that what characterizes it during this period is the fact that it is in the throes of fusing or defusing various instinctual tendencies. Let us take two examples. We are at the point where the instinct of aggression and mastery is ready to be diverted in part, so that it may ultimately serve genital function. It has already had erotic association at the earliest stage and is seen in this connection as oral sadism. It is now about to reach the flower of its development and expression in the anal-sadistic stage. At the same time certain connections have to be made between anal love-systems and genital love-systems which will permit carry-over. These are, briefly, fæces—penis—man—baby-getter, or fæces—baby—woman—baby-producer. At the same time the component sexual impulses are still preserving a sort of autonomy, but are beginning to allow their characteristic tendencies to be placed at the service of the expanding ego. So that, to state our two examples, we see in anal-sadistic and curiosity impulses a more or less close alliance between libido and ego tendencies. Now the motivation of psycho-analytic research derives possibly more impetus from the sublimation of these tendencies than from that of any other set of impulses ; it is mainly to analytic manifestations of this group on the analyst's part to which we must look if and when difficulties arise in the analysis, apart from those credited to the patient. We might almost say, ' When in difficulty think of your own repressed sadism '. As we have noted, the patient is quick to read into the analytic situation a sadistic significance, and I think we may assume that any unresolved sadistic impulses on the analyst's side would scent some possibility of gratification here. The close relation between sadism and viewing impulses, as well as

the relation between psycho-analysis and healing in general, tends to confirm this view. Nowhere is psychological viewing more complete than in the analytic situation.

Now apart from the fact that there is a great variety of positive indications of sadistic interests, it is obvious that the analyst's method of expressing these interests will depend on his immediate reaction to the patient. Should the patient be the *object*, or more strictly, should the patient be identified with objects of the analyst's own sadistic impulse, the manifestations will differ from those appearing when the analyst identifies himself with his patient and guards vicariously against sadistic aggression. In the first group we should observe a general tendency to ' put the patient through it ', or again a proneness to use analytical theory as a weapon with which to browbeat the patient into intellectual submission. The inclination to fall into theoretical argumentation belongs to the same group, or again a tendency to cap a consciously rejected interpretation with another of the same kind. If the interpretation is wide of the mark, it is better to leave it alone ; it will glide harmlessly off the patient's mind in any case. If it is right there is no need to repeat it : the patient's rejection is in this case merely the unconscious ' Yes '. On the whole a tendency to excessive interpretation is an indication for analytic scrutiny of one's own mental state.

On the other hand, should there be an undue inclination on the part of the analyst to guard against ideas of sadistic aggression, this will be evidenced by some over-solicitousness about the patient's reactions, a tendency to ' let him down lightly ', to come forward with unnecessary reassurances, to assist a patient out of a difficulty before the latter has realized that there *is* any difficulty. As the counterpart of excessive interpretation we may find an inclination to let moments for legitimate and necessary interpretation pass by. One particular analytic weapon may be adapted to the ends of either positive or reactive tendencies : it is the employment of silence. Seemingly a passive attitude, it may be used as a counter-attack, and it is easy to see that many patients read it in this way.

At this point it might well be advanced that there is nothing we can do or omit to do which could not be interpreted in terms of the analyst's own reaction. We seem to have landed ourselves in an *impasse*. I propose therefore to consider this problem of silence more fully. As has been suggested, it is necessary that a patient should realize that a difficulty *does* exist : on a varying number of occasions

it will be necessary for him to go through a prolonged silence unassisted. Indeed, the sooner one of these legitimate moments arrives the better. But at first, when judging from the patient's tempo we are certain that he has embarked on a silence, we are under obligation to encourage him to speak. This can be effected either with the help of the usual monosyllables, or by open encouragement to say what is in his mind, or by asking him whether there is anything in his mind causing him difficulty or distress, or by an explanation of the analytical significance of an analytic silence. Having given some such assurance or re-assurance, we need not repeat the process any more than we need repeat a valid interpretation. We must simply wait events. Assuming now that the difficulty has been overcome but that on a later occasion a silence occurs in connection with the *same* group of ideas, we are then entitled to meet it with interpretation instead of reassurance. But, provided we feel that our interpretation has covered the ground, a subsequent hitch related to the same set of ideas may be permitted to work itself through to unassisted speech. When, however, we have reason to think that *fresh* ground has been broken, we may legitimately adopt the same sequence of attitudes—encouragement, interpretation, silence. In this way the patient will experience all varieties of silence difficulties and the analyst will have avoided a semblance of stereotyped procedure which is sometimes highly inconvenient. To meet silence invariably with silence is to court a sort of silent combat, which confirms the obstinate or aggressive type of patient in his view that analysis is a kind of psychological pugilistic encounter to be settled by the gaining of points. On the other hand, this is precisely the type of patient to whom it is necessary to demonstrate that he is attempting to convert analysis into a fight, in fact that this is the outstanding evidence of his negative transference.

To come back to our discussion: *what distinguishes analytic technique proper from the gratification of unconscious attitudes is its adaptation to the unconscious requirements of the patient. Indications for self-inspection are: that we act always in a stereotyped way or that we cannot immediately justify our interventions or silences on good analytical grounds.* We cannot go far wrong if we always know not only why we intervene or are silent, but also what effect we hope to produce by so doing. *A third indication is that we cannot explain to ourselves satisfactorily why a patient is still in difficulty.* These considerations allow us ample latitude to alter our procedure in difficult or exceptional cases, the criterion being that we are fully aware of

the significance of our change in technique and the effects it may produce.

I am conscious that in these rather crudely expressed formulations I have neglected an important aspect of analytic technique. Just as the general clinician is able as the result of ripening experience to sense danger and to respond to indications for interference, as we say, almost instinctively, so the analyst will develop a sense of touch in his work which will enable him to time his interferences with some precision in varying circumstances. Moreover, the fact that his unconscious processes have been attuned to the processes going on in his patient's unconscious enables him to keep tally without conscious effort. But for the moment we are considering not only situations of difficulty in the patient's analysis but situations of difficulty in the analyst's mind. Hence I have permitted myself to exaggerate somewhat the rational estimation of reactions. Nevertheless I think it is true that even if the ideal analyst acts, as it were, on instinctive feeling, he would nevertheless have little difficulty in extending before us the processes giving rise to his action.

We have now a convenient opportunity of considering more closely what is actually meant by the terms counter-resistance and counter-transference. As a matter of fact, the term counter-transference covers most of the ground, in the sense that what we call counter-resistance is more often than not a manifestation of *negative* counter-transference. There are of course many instances of pure counter-resistance where opposition or attack on the analyst's ego acts as a stimulus and provokes the old-fashioned reactions of flight or counter-attack. It is perhaps not of any great practical moment whether we use these terms loosely or not, but to illustrate one of the commonest confusions we may return to our rough survey of the analyst's difficulties. If we assume that the anal-sadistic phase has been weathered, the stage of infantile genital or phallic primacy established, the ego advanced from a mainly narcissistic basis to a more organised relationship with complete objects, the difficulties likely to be observed are those connected with the positive and negative Œdipus relation and the resolution or completion of that situation under the spur of castration-anxiety. Now we are familiar with the fact that prolonged phases of difficulty in patients' analyses, which we call for convenience ' resistance ' periods, are on closer examination found to be more than simple mental defences. They are in fact repetitive situations, and are characterized by attitudes of hostility, depreciation and reserve.

So they are then called negative transferences. When we begin to resolve these negative transferences, it will be found that the resolution is accompanied by a release of anxiety and the outcropping of fresh castration imagery or the reactivation of already familiar castration phantasies. Hence we are entitled to conclude that the resistance phase was in effect a representation and repetition of the phase when the child apprehends punishment on account of positive Œdipus wishes. The resistance may not however be entirely resolved or, although seemingly resolved, it may recur after a short interval, and our next step is the recognition that as well as being related to the positive Œdipus situation, these resistance phases or negative transferences can serve as repetitions of the inverted Œdipus situation. The patient endeavours to realise his libidinal tendencies through the idiom of analytic hostility. We frequently note, for example, that great hostility to and depreciation of the personality of the analyst is accompanied by a seemingly illogical sensitiveness to any interpretation which is read in the sense of criticism, i.e. of attack. Moreover, appropriate interpretation will once more produce an efflorescence of castration images. This second factor in transference resistance is most easily observed by a male analyst during the analysis of a male patient or by a woman analyst during the analysis of a woman patient, but of course transference repetitions are not limited by the sex of the analyst, and the repetition of the *complete* Œdipus complex is an essential part of all analyses. Applying these findings to the position of the analyst, we can realise that sensitiveness to criticism may represent not only an ego-reaction to attack, but a specific sensitiveness to the libidinal significance of attack. In the latter event the analyst's defences are certain to be put to sore trial because in every satisfactory analysis there is no lack of transference depreciation. Reactions of this sort cannot be dismissed with the label of 'narcissism': the situation is in reality one of *negative counter-transference*. There are however many ingenious rationalizations of this state of affairs. The analyst may feel (sometimes avow) that his main analytical difficulty is really one of counter-transference in the *positive* sense, e.g. that he cannot help having positive interest in his patients' welfare and wants them to love him. The fact is, however, that he is uneasy during the patient's negative phases and that his longing for a positive atmosphere in the analysis is in greater or lesser part a sign of his need for reassurance. If he simply dreads castration in the sense of positive Œdipus guilt, the patient's friendliness will reassure him; if he unconsciously

hankers after the inverted Œdipus situation, the patient's hostility will rouse his defences.

Coming now to the more advanced stages of ego-differentiation, we have to consider what resemblances may exist between the analytic situation and the phase of Œdipus resolution which coincides with the formation and shaping of the super-ego organization. Starting out once more with the patient's point of view, we can see that for him the analytic situation is a dramatic representation of pre-ideal conditions, i.e. before the parents have been introjected. The parental imago is once more a real figure outside himself, and although the analyst does not behave like his predecessors, the revival of the situation under the process of free association makes it easy for the patient to re-animate his own old attitudes. He is by turn defiant and submissive, he loves and hates, he demands appreciation and apprehends hostility. The old compromises are turned to advantage ; burdened by guilt-feeling in himself he turns on the parent, attacking him by preference on matters concerning which he had as a child legitimate cause for grievance. Under external pressure the patient had to abjure stage by stage oral, anal and now genital satisfactions : yet his observations, amplified by a wealth of phantasy theorizing, told him that nowhere is his infantile situation reproduced more faithfully than by the parents themselves between themselves in the parental bedroom, bathroom and lavatory. So the parents' seemingly hypocritical satisfactions constitute a whipping-post on which the patient castigates his own deficiencies. In this sense he is the first of moral reformers. But in analysis we hear relatively little of these earlier observations and theorizings, criticisms and tirades. On the other hand we do observe, when transference repetition has reached this phase, an increasing tendency to become curious about the analyst's life and opinions. This represents an endeavour to find foothold for the transfer of phantasies, but it is not always an essential part of the procedure. Many patients do not tarry for alleged justifications but proceed to spin a web of phantasy concerning the analyst's private life, whilst others, seemingly more inhibited by lack of rational grounds, have only to be encouraged to phantasy, to produce very similar material. Other motivations apart (e.g. envy, hostility, etc.), these phantasies become more and more a recital of alleged shortcomings. In negativistic cases this may develop into a continuous tirade, during which the analyst is covered with reproaches and contumely, expressed in a tone of voice which leaves no doubt of the sadistic fury of the patient's super-ego. Now I

have already suggested that this is one of the most stimulating of situations for the analyst. His own super-ego formation, even if it has not been accompanied by such extreme defusion of sadistic impulses as that indicated here, has at any rate followed the same pattern of development, and if he has some unresolved difficulties in controlling his own super-ego it will be of little comfort to him to know that the patient is projecting self-criticisms. He is being attacked at the weakest spot in his armour, and if he winces or gives the slightest cry he may be certain that the patient will relentlessly press the attack home. Now of course there are various ways of wincing, but we are not concerned here with the more crude objurgatory methods of talion reaction, although these are anticipated by certain patients who remark after such critical passages, ' I wonder you don't put me out '. On the contrary, the most striking indications of reaction are, first, a tendency to begin interpretation of the projections with just a little shortening in the usual interval and a tendency to get side-tracked into considering the reality of the criticisms. A little haste or a little heat and the battle is lost. As an indication that some additional analytical toilet is necessary I would suggest a vague feeling that one is really ' quite calm '. On the other hand, complete indifference more often than not savours of a flight by regression to narcissistic omnipotence levels. The situation is a stimulating one, but it should produce neither aggressive reactions nor flight responses. The time taken by the patient to expand or exhaust his theme should be ample for any stabilizing which may be necessary on the analyst's part, and his ultimate reaction should be as detached as it is when in course of dream-reporting he recognizes himself in the inferior parts allotted to him by the patient during dream-work. To put the matter in terms of psychic systems, these criticisms should be sampled by the conscious ego and should arouse no more super-ego reaction than is included within the conscious levels of super-ego activity; they should not awake in us a defence appropriate to the infantile ego—in other words, a criticism is not a castration. The next point is that whatever validity seems to lie in these criticisms has no more importance than the reality element of a rationalization. For example, the analyst may be characterized with every accent of sincerity as a low fellow, his mother probably a washerwoman, his wife socially impossible, his offspring mentally or physically defective, his intelligence inferior, his taste barbarous, his maids gawky, his newspapers philistine, his wall-paper a scream, his analysis incompetent, his aspect repulsive or

obscene, etc., etc. These are simple examples, but of course the more skilled the patient's tongue the more delicate will these and innumerable other innuendoes become. Now if somebody says ' You have a hole in your stocking ', we may, if we like, consider whether we have a hole or not, but that is not in itself important. We know that the criticism or observation was dictated first by hostility or envy, and secondly by projected guilt ; hence our analytic interest could be fully expressed in the form ' What does the *idea* of a hole in *my* stocking bring to *your* mind ? ' But I have suggested that in this projective work the patient discloses himself as the first of moral reformers, and I want to suggest now that should there be any unconscious necessity the analyst can in his work employ projection in the same expert manner, and can rationalize this tendency on the ground of therapeutic necessity. I think few analysts would admit to a conscious desire to ' reform ' their patients, but disguised representatives of this wish might conceivably get expression from time to time. In the field of clinical medicine reactions of this kind are scarcely disguised at all, e.g. an extension of the tendency to treat venereal disease or its sequelæ as taboo disorders is often reflected in vague aversions to the handling of skin diseases, malformations, etc. The parallel to this in the analytic situation would be where certain psycho-sexual manifestations, e.g. homosexual or other perversions, are regarded as curious artefacts, and a feeling of satisfaction is experienced when there is any indication that they are being modified or removed. It has often been said that the most satisfactory outcome of an analysis is where the patient departs relieved of his symptoms but without feeling in any way grateful, perhaps indeed tending to minimise the seriousness of his original complaint. It is too much to expect an analyst to be indifferent to the successful outcome of an analysis, but at least we may ensure that his satisfaction is not the result of a projected self-reforming impulse.

One need hardly add that there are pitfalls in the opposite direction. There is a point where the explanatory reassurances, which must occasionally be given in analysis in order to cope with manifestations of anxiety, may almost border on a refined process of rationalizing on the analyst's part, a tendency as it were to seek condonation of his own unconscious interests by a constant attitude of explanatory tolerance whenever his patient is in a specific difficulty. Needless to say, any inclination to over-explain must be suspect, or any tendency to selective explanation. There is, however, a more insidious way in which the analyst can express unconscious interest, viz. the avoidance

of interpretation, either on rationalized or purely unconscious grounds, on occasions where some interference is indicated. Finally, a tendency to express agreement with opinions and attitudes expressed by the patient may conceal the desire to model the patient's ideal system on one's own image. After all, the essential remodelling is and must be done by the patient ; our task is to facilitate this process by providing the necessary conditions of security, detached interest and tolerance, and ultimately to remove obstacles to this remodelling by analytic interpretation. It is very often expedient to ' go ' with the patient, and it is sometimes prudent to concede freely what reality-elements exist in rationalizations. The concession, however, should always be qualified with a ' but——' calculated to head the patient in the direction of his own unconscious reactions.

The mechanisms we have dealt with so far have been selected from different stages of ego and libido development ; the list is not intended to be in any way exhaustive, and it may be freely conceded that the operation of some of these mechanisms would be sufficiently crude and obvious to prevent their going unnoticed for any length of time. Whilst this method of approaching the problem of counter-transference cannot be avoided, it is liable to give rise to some misapprehension. Without exaggerating the results of training analyses, it can be fairly said that massive reactions do not constitute the main difficulty. A surge of sadistic feeling is not difficult to recognize as such, whereas the repetition of a single phrase such as ' This is evidently a resistance ' or ' You are resisting ', or even of an interrogative ' Yes ? ' may conceal from oneself, though not always from one's patient, a deflated sadistic attitude. A resistance is after all best countered by an effective interpretation. In the same way it is by studying various minor indications of reaction on our own part that we can best recognize the preliminary signs of positive counter-transference. A slight inclination to agree with explanations offered by the patient, to become involved in any giving of advice, to be *satisfied* with any stage of the analysis prior to the last interview, to make a habit of exceeding by a few moments the customary time-limits of the session—these are but a few of the innumerable hints given us of the state of our own reactions.

It will be observed that little or no mention has been made of what might be called the silent manifestations underlying difficulties in handling the transference. Just as it is true to say of patients that their most effective resistances to analysis as a whole are more silent than the relatively noisy silences and pauses in association, so the

analyst's difficulties may be effectively concealed by the fact that he is a psycho-analyst. It is common experience that the most prolonged and stubborn of a patient's resistances are cloaked behind a ready intellectualistic acceptance of psycho-analytic theory, and I think it is generally conceded that at least some prospective analysts are attracted to the science by this intellectual shelter from inner difficulties. Theoretical acceptance in such cases will be found to break down when the ' transference neurosis ' threatens to develop : the candidate usually joins the ranks of those who break off in a partially analysed (more strictly unanalysed) state, to become in course of time frankly antagonistic, or to adopt the more ingenious defence of masquerading as *bonâ fide* ' open-minded ' analysts. Now whilst in these extreme cases this is an ill which cures itself, the *tendency* is one which has to be guarded against by all practising analysts. Analytic discoveries and convictions are a sort of *enclave* in the territory of science and in the mind of the individual, liable to be encroached upon from all sides. Of these attacks the most insidious are those from within the mind of the individual, and the only way of safeguarding what might conceivably be sapped is that constant attitude of individual watchfulness which we have described as the ' analyst's toilet '.

SHORTER COMMUNICATIONS

ATHEISM IN CHILDHOOD AND FAULTY CHARACTER-DEVELOPMENT [1]

The patient, a woman of thirty-one years of age, had lived since her fifteenth year in a relation of complete mental dependence on a male married friend ten years her senior. This relation can be described only as that of a child of God. The patient had before this in her early childhood passed through a period marked by unresolved conflicts, by grief because as the middle child of a large family she received no attention from her parents, especially from her father, and by strong feelings of guilt. A later period was characterized by strong religious belief. The certainty that a Father really existed in whom she could confide, although he was so far off, who could make all that was impossible possible, and whose child she was without needing to have a mother, enabled her to repress her primitive infantile wishes for her father as well as her jealousy, also to love her younger brothers and sisters, and to employ her unusual talents with extraordinarily exalted self-confidence. The assurance of the existence of God was, however, seriously shaken in the years that followed. She had finally to give up her faith, although she still retained the libidinal cathexis of the God-imago as an ideal perfect father, whose apparent mistakes could be set down to his inscrutability. She once more turned her libido towards the actual father: she thought him cleverer than all other men because he had never believed in God, whereas in her former religious period she had liberated herself from the authority of her atheistic father. She now thought that she found in him a realization of the God-imago, and was thus able by reference to his inscrutability to suppress her critical faculties, which in other respects were quite notable. After his death, which took place in her thirteenth year, she accordingly made him an object of formal worship. When one of her acquaintances spoke of him reproachfully for not having made sufficient provision for his family, it sounded to her like blasphemy. Along with this, however, she retained her self-assurance with the help of an old, Ucs phantasy, which had been re-established on the basis of a significant event that occurred in her eighth year; she imagined that she herself

[1] Read before the Berlin Psycho-Analytical Society, May, 1925.

was the penis of this august father, i.e. his dearest and most important part.

The connection with her friend began after she had reached the age of puberty, and it was founded on this phantasy. This friend was endowed with divine attributes; just as her father had been previously, he was exalted above all criticism, and was to be understood only by loving contemplation. (Scoptophilia originally directed to her father's penis, later on described as ' taking in people through the eyes ', played a principal part in her case.) She continued to live only for the sake of her friend as his executive organ, and hence gave up all attempts to make a career for herself, or employ any of her gifts; she lived as his right hand, his dearest part—lived accordingly only *through* him, since she gradually came to ascribe to him all her qualities, wishes and endowments. ' I have given up doing anything for myself; for when we are not on good terms with one another I do everything badly; but when we are friendly he so manages that I can do everything well; when he spurs me on, I am equal to anything '. But since he is infallible, i.e. inscrutable, he is above all law, and she is consequently able to reactivate all her infantile, incestuous, instinctual demands: precisely because he is married and is a father she expects to receive a child from him. He is absolutely sinless, and on that account she also, as part of him, need not have any sense of guilt; since she is his penis, his wife must love her too; nor does she need to be jealous, but has to love all whom he loves. In this connection she has the Ucs idea that he will make her his wife, by taking from her the penis she always assumes she still possesses, which will then become a child; only after he has made her his wife will she perhaps be able to marry another man.

In this case we are dealing, first, with the suppression and retrogression of character-traits and sublimations already formed during the period of belief in God; secondly, with a partial but quite dominating regression of the libido to an early infantile stage, due to the avoidance of ambivalence; and, thirdly, with a reversion of the libido from its sublimation of a belief in God to an earthly love-object, which, in place of God, had to take over the direction and regulation of her instinctual life.

Josine Müller, Berlin.

DELUSIONAL PROJECTION MECHANISM IN A CASE OF PARALYSIS AGITANS

The following case is worthy of report, I believe, because it illustrates an exquisite projection mechanism in a patient who was suffering from an organic disease of the nervous system. It deals with a delusion of infidelity in a man otherwise mentally normal, the delusion occurring on the basis of impotence, waning or disappearing with the return of potency and recurring with successive waves of impotence which were invariably accompanied by excessive sexual desire.

A. B., a man of thirty-five, married and a father of three children, came to the neurological clinic with the complaint that he was impotent. He had been getting weak gradually for about a year and was altogether unable to perform the sexual act for six months prior to his coming to the clinic. He had always been perfectly well, except for a light attack of the grippe some two years before. There was apparently nothing in his personal, family or marital history to throw any light on his complaint. He was devoted to his wife and perfectly happy with her and the children.

Neurological examination revealed nothing except some poverty of the associated movements of the arms in walking. On the basis of this I ventured the diagnosis of incipient paralysis agitans, the result in all probability of an attack of epidemic encephalitis which was passed off as the ' grippe '. I prescribed hyoscin hydrobromid, a drug commonly given in Parkinson's disease, and kept the patient ignorant of my opinion, though I did not fail to communicate it to his wife. One week later the patient returned with the information that his facultas cœundi had returned and that for the first time in six months he had been able to have satisfactory intercourse. I advised him to continue taking the hyoscin and to report to the clinic from time to time.

Several months later he began to complain that the tablets no longer had any effect and that he was impotent once more. In addition, he felt that his gait and all other normal movements were slowed up and that his hands were beginning to tremble. It was now perfectly evident that he was rapidly developing the classical syndrome of paralysis agitans. While still bemoaning the fact of his impotence, the patient was more alarmed about his physical condition; but the wife complained that for the first time in his life he accused her of infidelity. She also volunteered the information that his desire for

sexual intercourse was in inverse proportion to his potency. She pleaded her innocence and offered convincing proof of her fidelity and devotion. As his physical condition began to interfere with his earning capacity she gave further proof of her devotion by going to work in order to send him to the country for a rest and to support the family.

The disease gradually progressed, but his potency fluctuated from time to time. The delusion invariably disappeared when he was potent, and as surely returned with the recurrence of his impotence. Although his advancing incapacity, his general mental state and the want of opportunity at the clinic prevented satisfactory psycho-analytic investigation, several attempts to gain deeper insight into the mental mechanisms failed to bring unconscious homosexual trends to the surface. I have observed the patient for more than two years. He is now utterly incapacitated physically. His delusion is still present, but it is not nearly so insistent; nor is his sexual desire so great as at first. Apparently with the waning of the desire the delusion, too, is subsiding.

Although the case was not really studied psycho-analytically, it seems to me of importance in that a well-known projection mechanism was seen to be operating in a person with special organic disease of the brain. This observation fits in with the various attempts to apply psycho-analytic methods and principles to the study of mental mechanisms occurring in patients with definite organic disease of the brain. How well the delusion in my patient can be correlated with the disease, or *vice versâ*, is a matter on which the case throws no light.

I. S. Wechsler, New York.

ON SEEING ONESELF DEAD IN A DREAM

Among dreams which recur in the experience of the same or of different persons there is one which is of special interest for psycho-analysis. In it the dreamer views his own corpse or assists at its burial. It is proposed here to make some general observations on dreams of this type; and then, taking a few examples, to examine them from the standpoint of meta-psychology.

A reference may be made first to Rank's work on the significance of the double. According to this, the concept of the double is traceable to a desire to escape death. Examples of this mechanism may be found in the popular idea of the cat as having nine lives and in the

Greek legend of the nine-headed Lernean hydra, although here the reference is primarily to castration and the process is one of multiplying rather than mere doubling. In dreams of seeing oneself dead, it may be assumed that the double is employed for a similar purpose; though one has to die, it enables one still to go on living. But the dreamer has to die, it may be added, because in some sense he desires death or its unconscious equivalent. In how many ways is this possible?

According to a first interpretation, death must be regarded not as extinction, but as a peaceful haven from the trials of life; and this in turn indicates an unconscious desire to return to the womb. An example of this kind may be found in the last of the three dreams given in this paper in which there is a reference to a grave and a coffin. The fact that a corpse is a symbol for a baby also points in the same direction. Dreams therefore of seeing oneself dead arise out of a conflict between womb-regression and the wish to go on living in the ordinary way. The double is a piece of dream-technique for satisfying both these wishes.

In so far as death simply means the mother, it is conceivable that a dream of looking at one's corpse might be devoid of anxiety or fear. The resumption by the libido of the intra-uterine position can only be, from the standpoint of the id, a source of pleasure; and the objection that this pleasure is likely to be converted into unpleasure in the dreamer's consciousness owing to its ego-dystonic character can readily be met. For the ego can afford to enter freely into the id's satisfaction at being back in the womb simply because it is assured by the device of the double that, after all, things are all right. This assurance will also serve to neutralise the fear which might otherwise be aroused by the idea of death, taken literally. The dream, so far, may therefore be regarded as a clever artifice for enjoying the pleasure, so to speak, of riding on two horses. By employing the trick of the double it aims at achieving both the bliss of Nirvana and the continued assurance of mundane life.

Whether a dream can ever be constructed wholly on this model and succeed at the same time in being free from fear or even pleasurable, is a matter for further investigation. Probably, however, some degree of disagreeable emotion will generally be present. This may be excited by the idea of death in the ordinary sense or express the ego's alarm at the id's desire to return to the womb. In either case the fear must be conceived of as breaking out through a partial failure of the assur-

ance intended by the creation of the double.[1] In the following dream, for example, the anxiety seems to represent a flight of the ' manly ' ego from the id's barely concealed desire for absorption within the mother :—

' I dreamt that I was in my home church and conducting a funeral service. I did not know who had died, but continually throughout the service I was interrupted by some woman who insisted on taking part of the service herself. I felt very much annoyed at this person, and by her continual interference I was made very uneasy and nervous '.

But there is also another possible interpretation of the idea of death in dreams. The fear of death, as Freud has pointed out, is a development of the fear of castration. In the dream therefore death equals castration. Can it also, at one and the same time, mean both the mother *and* castration ? And, if so, how ?

That the combination is possible may be inferred already from the dream given above. But it may come about in different ways. To achieve an adequate personality the individual must rid himself of the

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[1] With reference to Ferenczi's view of the Medusa head, a further interpretation of the many snakes may be suggested here. These may not only represent the absence of the penis through representation by the opposite, but are to be explained also by the device of multiplying, which has failed however to achieve its purpose. The image of the head thus gains in tragic significance and is brought into line with mythological formations like that of the above-mentioned hydra. Granting with Ferenczi that the idea of the Medusa head originates in the male mind in an access of horror at the sight of the female genitals, the reasoning which is congealed in this image might be as follows : ' She has been castrated ; but she must first in her desperation have tried the device of doubling or rather multiplying. But even this availed nothing '. The head thus condenses into the motionless simultaneity of a single image the unfolding of a whole drama ; and in this respect it surpasses even the ' Moses ' of Michelangelo about which Freud has written. Man understands the horror of this head through his faculty of unconscious introjection. He divines within himself the ruthlessness of the castrating agent who not only laughs at the piteous multiplying of the snakes, but even allows it to take place so as to enjoy the added zest of severing the whole brood at one slash. A further point. The number nine, and the fact that in dreams and folklore a cat often represents a woman, makes one suspect that in the ' cat with nine lives ' also there is a reference to the female castration complex ; only here, in accordance with wish-fulfilment, the ' multiplying ' has achieved its purpose.

tie to the mother in the sense both of the Œdipus complex and of the still more ultimate 'flight back to the womb'.[2] In whichever way the unconscious desire is understood, however, its relation to castration can be made apparent. Clinically, it is well known that psycho-sexual impotence, and therefore also the castration complex, is closely related to unconscious Œdipus wishes; and the meta-psychological view of the mental apparatus explains how the idea of castration as well as the Œdipus trend can correspond to a wish. While the latter wish is derived from the repressed id, the former arises under the pressure of the super-ego and the unconscious sense of guilt. Death is desired therefore simultaneously, both as the mother and as castration. The same dream-image satisfies wishes proceeding from different parts of the mind.

On the other hand, if the return to the mother symbolized by death be taken in the sense of bodily regression to the womb, the relation to castration again becomes manifest; and this in two ways. Such an extreme form of the craving for identification with the mother is calculated directly to give rise to passive homosexual strivings embodied in castration-phantasies. Castration is therefore once again desired, but in this case not by the avenging super-ego but by the masochistic id. But the idea of castration can arise also in another setting. Apart from the id's wish for castration which is implicit in its longing for identification with the mother, the ego, as sharing the power- and masculinity-ideals of the super-ego, must perceive the id's bondage to the mother as a form of castration. It experiences the same fate as the prince in Grimm's fairy tale who grew up imprisoned in a stove and, as in the above dream, it fears the tendencies of the id. The alluring mother thus becomes for the ego the 'terrible woman' of the ages, the castrating witch of whom Circe and Calypso, the island-sorceresses, are the Homeric types.

In order to throw further light upon the subject under discussion,

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[2] How closely these two are connected may be gathered from the following passage taken from Anatole France's book, *The Opinions of Jérôme Coignard*. 'If I were not convinced, my son', says the Abbé Coignard to Jacques Tournebroche, 'of the holy truths of our religion, there would be nothing left for me . . . but to throw myself from this parapet into the Seine which has seen many others drown since she began to flow, or to go and ask of Catherine that form of oblivion from the ills of this world which one finds in her arms and for which it would be indecent for me to look, in my position and above all, at my age'.

two dreams taken from different persons may be added to the one given above :—

1. ' About the queerest dreams I've ever had were those in which I was present as my own double. I've had several dreams of this kind, but the most amusing—afterwards—was one in which I was present at my own funeral. I remember distinctly looking upon my own corpse, but felt no grief, only bewilderment. I could see my friends and relatives and even spoke with them, but they did not recognize my living self. After the burial I remember going home and then retiring for the night. The queerest part of all was that after retiring a second double of myself came and watched the bed in which I was sleeping, and it was in this watcher that I kept my consciousness. That is, my own spirit or whatever it was changed from the figure on the bed to that of the watcher. Then I woke up.'

2. ' I dreamed one night that I went to my own funeral. I thought that my funeral was to be on a certain date, not far distant ; the grave was dug and everything was ready except that I was not dead. It was an awful worry to me to know how to die. It was the news that I was dead ; yet it seemed to me that I was not dead. I asked some one's advice and I was told that I had to be dead on that date. I determined to run away, but I could not run, my legs would not go. All I could do was to walk around the new-made grave and gaze with terror at the coffin beside it. Just as the people were flocking to the churchyard, I woke up ; and my brother asked me why I had been crying on God to forgive me my sins.'

In the first of these two dreams there are certain features which are not covered by the principles given above. While the reference to death doubtless signifies a return to the womb, the emphasis appears to be laid on the idea of being born again as a new and better self. This aim is realised in part at the dream-funeral ; and the lack of recognition by the friends and relatives perhaps indicates the dreamer's desire to be altered for the better beyond recognition. What is most interesting, however, is the repetition of the whole theme in the second part of the dream in which a bed is substituted for the grave, and a second double which is now taken to be the ' true ' self arises and surveys the self which buried the first double. This repetition, doubling of the double, and transference of consciousness from the sleeper to the watcher, would appear to indicate the intensity of the desire for a new birth and serves as a kind of safety-margin of representation whereby the dreamer is assured that the whole process has

been properly carried through, in the sense that he not only continues to exist, but exists also as the new and better self. The conclusion of the dream also affords a striking confirmation of Freud's views on the origin and function of ' conscience '.

It will be noticed in this dream that the corpse is surveyed without grief, but only with astonishment. The wish-fulfilment is evidently of an ego-syntonic character; indeed, at the close of the dream, the ego seems to have become altogether one with its super-ego or conscience. In the dream which follows the case is different. Under the lash of the super-ego the dreamer is reduced to a state of fear and desperation. While the reference to the grave and the coffin shows the id in full flight back to the womb, the question put by the brother makes it plain that the dreamer's death (castration) is demanded also by his super-ego projected outwards as God. The dream therefore presents an interesting parallel to a neurotic symptom sustained both by the repressed libido and the unconscious need for punishment. In accordance with the view expressed by Freud in *The Ego and the Id*, the ego is also here the true abode of anxiety; and it shows itself in the rôle of the ' poor creature ' menaced by dangers from two different sides. It trembles at the castration demanded by the super-ego and at the threat of emasculation contained in the id's flight back to the womb.

Gathering up these results, the dream of seeing oneself dead may be said to admit in different cases of the following interpretations: (1) In a limiting case of a perhaps rather hypothetical kind, it may be free from anxiety and succeed by the device of the double in combining the pleasure of womb-regression with that of individual life. (2) More often, however, the safety-device of the double partially miscarries; fear then breaks out, either as the ordinary fear of death or as a result of the ego's view of womb-regression as a form of castration. (3) Death, interpreted as castration, may be desired both by the id in the service of mother-identification and by the super-ego as a punishment for unconscious incestuous wishes. (4) The dream may express a desire for a new birth in a moral or religious sense. The unconscious wish to return to the womb then loses the greater part of its ego-dystonic character; and while the dream may seem strange or bewildering, it excites only a small amount of fear. The above meanings may doubtless be combined in various ways in the same dream.

N. J. Symons, Halifax, Canada.

ABSTRACTS

Sexuality

J. C. Flügel. Sexual and Social Sentiments. *Brit. Journal of Medical Psychology*, 1927, Vol. VII., p. 139.

Sexuality and sociality are antagonistic. A man in love is less obviously gregarious. Betrothal and marriage make matters no better in this respect. Religion, education, etc., endeavour to keep sexuality at a distance. The object of this paper is to enquire into the psychological and sociological basis of this antagonism. The views of McDougall, Trotter and McCurdy, who believe that the gregarious is quite distinct from the sexual instinct, are contrasted with those of Freud's libido theory. Freud believes that the instinctual energy involved is the same, social tendencies being only special differentiations of the sexual instinct. Discussing the psychological differences according to Freud, the absence of the sensual element in social relationships is explained in terms of repression. The sexual instinct is present in an inhibited form. According to Freud's theory the ' aim inhibition ' is connected with the fundamental repressions producing the ' latent sexual period '. The greater constancy and permanence of the aim-inhibited manifestations of the sexual instinct is connected in the case of social ties with the absence of reduction of instinctive tension, such as is afforded by orgasm. Identification plays a more important part in social than in sexual ties. In the first case we desire ' to be ' and in the second case we desire ' to have ' the loved object. Another difference is found in the greater diffuseness of social ties. Love and identification occur for many individuals in place of concentrated love for a single individual. All these factors make social relationship between members of the same sex easier than between members of the opposite sex. In this connection Flügel coins the words ' homosocial ' and ' heterosocial '.

The greater development of male homosociality is due to the greater narcissism of women, which creates an antisocial influence. During the last century male narcissism has been greatly repressed, and this has not taken place to a corresponding extent among women. This factor should not be over-emphasized. In feminine homosociality the libido is less ' aim inhibited ' than in male homosocial relations, so that sensuality is more prominent in the former than in the latter. The widely distributed erotic sensibility of women causes them to introduce non-genital sexuality into their homosocial relationships. The satisfaction gained is to some extent antagonistic to the formation of homosocial sentiments. Women are more monogamous and less promiscuous than men; this characteristic probably depends upon a lesser liability to dissociation of the sensual and

tender elements of love. This is an antisocial factor. Monogamy engenders jealousy in both sexes and this interferes with sociality. Women have more to gain by marriage than men; this fact also causes jealousy. A most important factor is that women's work is often of a relatively domestic and unsocial nature as compared with man's. The seclusion of women in the home also interferes with social behaviour. The author does not fail to observe, however, that under present day conditions the influence of some of these factors is tending to diminish. The increased social life of women is following a heterosocial rather than a homosocial course. This automatically increases male heterosociality. The institution of the family is in many ways antagonistic to but in other ways favourable to social sentiments. Tracing the influence of the family through successive ages, certain changes have occurred which are compared with those taking place in the environment as a whole. Although the family is probably the most primitive and natural social unit, in the ' totemic age ' it lost much of its importance as compared with the clan. In some ways, however, a satisfactory compromise occurred between jealousy and sociality. Later it became more important, but in the present times it is yielding its importance to social influences. Sociality implies less jealousy and exclusive possession. Romantic sexual love favours the formation of social sentiments because it implies ' aim inhibition ', less egoism and narcissism, increased sublimation and an overflow of love on to others. This overflow of love shows a deep-lying connection between sexual and social feelings. There is a simultaneous reinforcement of these feelings at adolescence. When the overcoming of exclusive rights in love is accomplished the antagonism between the claims of sexuality and society will be very much reduced.

* Robert M. Riggall.

Frida Teller. Libidotheorie und Artumwandlung. *Imago*, 1925, Vol. XI., p. 335.

The author sketches the differences between *Homo primigenius* (*neandertalensis*) and *Homo sapiens* and, on the ground of the main advance consisting in greater skull capacity and brain development, concludes that we must seek the effective cause of the change from the one species to the other in the action of the libido, which, working through primitive repression, introduced the component sexual impulses into the life of the mind and thus replaced the organic factors, of whatever nature, which in animals sufficed to give rise to new species, by a mental factor which brought about a parallel result in developing man. The use of tools, i.e. the projection of bodily organs on to the outer world (Kapp), is the result and not the cause of the evolution of man, these means of culture corresponding to the return of the repressed, not as bodily organs, but in the form of artificial tools.

A. G. Tansley.

Theodore Schroeder. Sex and Psycho-Analysis. *Medical Journal and Record*, December 15, 1926, pp. 758–761.

A paper dealing with the popular criticism that psycho-analysts over-emphasize the importance of sex, and with the psycho-analyst's attitude to sex.

It is pointed out how all such criticism is subjective in origin, springs from unconscious sources and is really in the nature of a psycho-neurotic defence. It is quite childish to quarrel about the results of the psycho-analyst's method, if there is no understanding or criticism of the method itself. Since none of the critics challenge or criticize the methods of observation, the inference is that they are not functioning on an objective and scientific basis. In one sense psycho-analysts do over-emphasize the importance of sex, but only in the sense that the astronomer over-emphasizes the movement of the heavenly bodies in comparison, say, with his interest in sociology or embryology. But the critics of psycho-analysis mean this as a reproach. What is objectionable to them is not the method but the psycho-analyst's attitude of mind towards sex, that is what they are unable to tolerate because in reality it stimulates their own sexual conflicts.

Another form of criticism rests upon the claim that there is such a thing as pre-adolescent sexuality. The Freudian, however, considers the human animal as an organic unity. Adolescence produces nothing new. It is but the fruition of processes which have been going on more or less unconsciously since before birth. Psycho-analysts only insist on the desirability of enlarging our consciousness of these matters. Observation shows that pre-adolescent sexuality has its own manifestations and experiences, and develops its own sense of values, emotional tones, ideational associations and reaction patterns, and so fixes the preparedness to face the storm and stress of pubescence and adolescence.

What is the psycho-analyst's conception of a scientific attitude to sex problems? He must be free from emotional disturbances over every manifestation of sex. He must have submitted himself to a Freudian psycho-analysis in order to become aware of that part of his mental life working below the level of consciousness.

Another offence to many minds is the presumption of a rigid psychological determinism. If the psycho-analyst has reached a stage of development in which he is able to act in harmony with the hypothesis of a complete and rigid psychological determinism, he will have outgrown all moral values and judgements, even about sex. Intellectually he is indifferent to all moral creeds. When he becomes conscious of his subjectivism he applies the checks and correctives required by his conception of mature intellectual methods. Since all moral appeals are unconsciously and subjectively conditioned and are emotional in their nature and effect, they

are infantile and become a hindrance to the maturing of intellectual methods. When such psychological maturity has been reached we no longer regulate our sexual life according to the conventional moral creeds, nor according to any code of the psycho-neurotic sex reformer. Only in this way can we achieve greater self-understanding resulting in greater poise and efficiency in social adjustment.

Warburton Brown.

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Ernest E. Hadley. Comments on Pedophilia. *Medical Journal and Record*, August 4, 1926, pp. 157–162.

Pedophilia is defined as an abnormal fondness for children.

The following material is taken from the analytic investigation of a male student aged twenty-five years.

He suffered from partial impotence and ejaculatio præcox. He was nursed at his mother's breast until he retained conscious recollection of the weaning process. The withdrawal of gratification in this way led to outbursts of wild rage and hate.

Unable any longer to derive satisfaction for his erotic needs from his mother, he turned his attention to a little girl neighbour of his own age, with whom he performed cunnilingus, while the girl practised fellatio on him, and for many months they satisfied their mutual cravings. This incident was repeated a number of times with different little girls with whom he fell in love, with two of whom, at the age of seven and twelve respectively, he attempted coitus.

In the first of these attempts he met with failure, and owing to his violence the relationship was broken off. This frustration led to a permanent feeling of aversion from this particular child.

The second attempt at coitus was made at twelve years of age and again met with failure. In this case he had his first emission.

His college days were marked by alternating periods of intense intellectual pursuits, when he was thoughtful, seclusive and unpassionate, and periods in which he was gay, sociable, hypomanic and taken with the charms of some particular girl. At the moment of contact with prostitutes he suffered from ejaculatio præcox or from complete impotence. With girls of his own social standing he suffered an orgasm in the fore-pleasure stage, or if he won them became quite impotent. He entertained thoughts at one time of suicide and at another of wholesale destruction of the social system.

After his university career he went to live with a married sister and became tormented with the desire to see his little nieces' genitalia, and devised methods of play with them in which he found opportunity for kissing these parts.

His impotence now vanished, and he began to have phantasies of

violently raping little girls and then disposing of their bodies. Alarmed at these phantasies he attempted coitus again with prostitutes, but found himself impotent. At this stage he sought treatment. Analysis showed that the over-valuation of pre-adolescent cravings which served as an effective barrier against heterosexual functioning was due to the prolongation of the suckling period. In the renunciation of love for the mother at the instance of weaning the patient merely made an exchange of objects which all through his childhood remained a compulsion to repeat an experience of cherished import.

This desire to repeat an experience to repossess an object, as like the one as possible which charmed him in childhood, is of particular significance to the understanding of pedophilia.

Warburton Brown.

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Guy B. Johnson. Double Meaning in the Popular Negro Blues. *The Journal of Abnormal and Social Psychology*, Vol. XXII, No. 1, 1927.

The author presents certain data to show the undoubted presence of double meanings of a sexual nature in the blues. He says that the blues arising originally from the common negro folk have been widely exploited as a form of popular song. The blues deal with the man-woman relation, and the double meanings may be divided into two general groups :—

1. Those meanings pertaining specifically to the sex organs.
2. Those relating to the sex act or to some other aspect of sex life.

Relatively few symbols for the sex organs are found in the blues, and by far the most common of these terms is *jelly roll*. This term as used by the lower class negro stands for the vagina, or for the female genitalia in general, and sometimes for sexual intercourse. The following lines illustrate the use of *jelly roll* in these songs :—

(1) I ain't gonna give nobody none o' this jelly roll.
Nobody in town can bake sweet jelly roll like mine.
Your jelly roll is good.
(2) I don't know but I've been tol',
Angels in heaven do the sweet jelly roll.
(3) Dupree was a bandit,
He was brave an' bol',
He stole that diamon' ring
For some of Betty's jelly roll.

Another term for the female organs is *cabbage*. Other symbols are *keyhole* and *bread*. The latter, sometimes found as *cookie* and *cake*, is almost as common as jelly roll in everyday negro slang.

Symbols for the male organs are more difficult to find and it is doubtful, the author says, if there is a clear-cut example of male symbolism in the blues.

Expressions with double meanings which relate to the act of sexual intercourse are much more numerous in the blues than are symbols for the sex organs. The word *jazz* heads this list. It is used both as verb and noun to denote the sex act among the negroes of the South. In a footnote the author says that jazz music originated in negro pleasure houses, ' jazz houses ', as they are sometimes called by negroes.

The majority of the expressions in the blues relating to the sex act are sung from the point of view of the woman, and are mostly concerned with the quality of the movements made by the male during coitus. The following expressions are frequent. ' *My* man rocks me with one steady roll '. Here are some folk stanzas which show the line of thought in the undeleted versions :—

Looked at the clock, clock struck one,
Come on, daddy, let's have some fun.

Looked at the clock, clock struck two,
Believe to my soul you ain't half through.

Looked at the clock, clock struck three,
Believe to my soul, you gonna kill poor me.

Looked at the clock, clock struck four,
If the bed breaks down we'll finish on the floor.

My daddy rocks me with one steady roll,
Dere ain't no slippin' when he once takes hold.

' Do it a long time, papa '. In the popular song one is led to believe that ' do it ' refers to something innocuous like kissing or dancing, but this is not the case amongst the negroes. ' Daddy, ease it to me ', ' Play me slow ', and ' Easy rider ', are frequent expressions. The last one is frequently met with both in negro folk songs and in formal songs. ' I wonder where my easy rider's gone ', is a sort of by-word with Southern negroes.

' Shake it ', ' Shake that thing ', etc., are very frequent in the blues. Ostensibly they refer to dancing, but they are really negro vulgar expressions relating to coitus. The following is a stanza from a recent popular piece :—

Why, there's old Uncle Jack,
The jelly-roll king,
Got a hump on his back
From shakin' that thing,
Yet he still shakes that thing.
For an ole man how he can shake that thing !
An' he never gets tired o' tellin' young folks how to shake that thing.

In a footnote the author refers to the expression ' shake the shimmy '. Chemise is pronounced ' shimmy ' by most negroes and a great many whites in the South. In its original meaning it described the effect pro-

duced when a woman made a movement or did a dance step which caused her breasts to shake. This caused her ' shimmy ' to shake.

' Mama's got something I know you want '. This meaning is clear from the concluding stanza of the popular song :—

> Mama's got something sho' gonna surprise you,
> Mama's got something gonna hypnotize you,
> Mama's got something I know you want.

The following lines from the popular blues are obviously of a sexual nature :—

> It's right here for you ; if you don't get it, 'tain't no fault of mine.
> I'm gonna see you when your troubles are just like mine.
> If I let you get away with it once, you'll do it all the time.
>
> You've got what I've been looking for.
> How can I get it when you keep on snatching it back ?
> Put it where I can get it.
> If you don't give me what I want, I'm gonna get it somewhere else.

The author mentions another point that tends to substantiate the origin of some of the blues from the songs of the negro underworld. He says that negro churchmen and educators vigorously oppose the singing of the blues. Their opposition is undoubtedly due to the fact that they are fully acquainted with the undercurrent of vulgarity which runs through many of these songs.

The author thinks that the popularity of these songs is evidently due to the fact that the white man enjoys seeing the other meaning in them.

D. B.

BOOK REVIEWS

Drei Abhandlungen zur Sexualtheorie. By Sigmund Freud. (Sixth edition. Franz Deuticke, Vienna, 1926.)

The sixth edition of this classical work includes certain relatively unimportant passages (principally footnotes) which did not appear in the fifth edition. The text agrees with that published in 1924 in *Band V.* of the *Gesammelte Schriften.*

S. Radó.

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Kurzes Lehrbuch der Psychoanalyse. By H. Stoltenhoff. (Ferdinand Enke, Stuttgart, 1926.)

For a long time there has been a general feeling that a text-book of psycho-analysis is needed as a theoretical correlate and supplement to the practical training of analysts. This need is not entirely met by Freud's *Introductory Lectures,* and hitherto no psycho-analyst has ventured to undertake so vast a task. Possibly the writers who are qualified to attempt it think the time not yet ripe for it and prefer to wait till they can offer their readers something more comprehensive and more firmly established.

The adherents of Stekel's school are less cautious. One of them, Stoltenhoff, has attempted to execute this difficult task ' briefly ', within a compass of 203 pages. His attempt can be described only as inadequate, both with regard to the selection and classification of the material dealt with and the content of the doctrines embodied in it. It consists of a ' theoretical ' and a ' practical ' section. The theoretical section is ostensibly confined to an account of what is of importance in practice and what may be regarded as proved. There would be nothing to take exception to in this programme if the book really imparted the fundamental principles upon which our theory is based. But even the list of contents of the theoretical section :—Repression. Dreams. Bi-polarity. Sublimation. Transference. Theory of Sexuality. Theory of Parapathia—shows that certain observed facts and certain theories adduced for their explanation are ranged arbitrarily side by side ; one is co-ordinated with another, no fundamental systematizing idea runs through these chapters, nor is there any attempt to describe the mind as a living whole (for instance, theory of the instincts—modes of defence against the instincts—vicissitudes undergone by the instincts when thus checked or the like) or to give a comprehensive evolutionary survey (in the whole book there is no mention of the different stages in libidinal organization, nor does Stoltenhoff take cognizance of a *specific* regression or of the problem of option of neurosis). The errors in classification are evident at the first glance, when we notice that ' sublimation ' and ' transference ' are actually dis-

cussed *before* the theory of sexuality. In many points the *content* of the doctrines embodied in the book contradicts our own theories. I shall have to speak of this in detail. But the *mode* in which they are presented is amazingly superficial. There are certain remarks, in themselves relatively unimportant, which show how far removed from the mind of the author is the dynamic mode of thought which is characteristic of psychoanalysis. He says, for instance, that for patients of an advanced age psycho-analysis is not to be prescribed because ' at that time of life the mass of material to be mastered is too great and the analysis would take too long. Besides, the older the patient the less probability, of course, is there that he will recall incidents from early childhood or infancy ' (p. 84). Again, in summing up the theory of resistance, he says : ' Resistance subserves the illness, operates in accordance with the " subconsciousness " [*Unterbewusstsein*] and causes the patient to cling to his malady ' (p. 107).

In this book the author employs the nomenclature with which we are familiar in Stekel's writings. We may admit the need of some term for ' perversion ' which shall not give so much the impression of a moral valuation, and that there is something to be said for the proposal to adopt the word ' paraphilia '. But the word ' neurosis ' has surely become too firmly established in our terminology to be ousted by the word ' parapathia ', especially as the literal meaning of ' *parapathia* ' (which the author explains as ' a disease of the *πάθος*, in contradistinction to ' paralogia ' = psychosis, the ' disease of the *λόγος* ') has not much advantage over that of ' neurosis.' And the confusion in the problem of the neuroses is only confounded by this term when, for instance, we are told that we have to consider a ' differential diagnosis between parapathia and hysteria ' (p. 143). The author's expression ' subconsciousness ' (*Unterbewusstsein*), which he uses throughout, must certainly be rejected, as only giving rise to confusion. No very good purpose seems to be served by using the term ' primal reaction ' [*Urreaktion*] to indicate that all libidinal attachments aim at somatic gratification. It is really a matter of secondary importance whether we speak of ' ambivalence ' or ' bipolarity ' so long as we know what we mean by it ; but at any rate Freud does not regard ambivalence as ' a quality of the mind ' [*Qualität des Seelischen*], as Stoltenhoff regards bipolarity (p. 27).

The status of the book can best be illustrated by some examples. The author thinks it necessary to take up the cudgels against the view that we should never permit an operation to be performed on us if we knew that in it the surgeon was giving play to sadistic impulses (p. 30), and, from the recognition that an old maid's love for her pug-dog is her way of sublimating her craving for love, to draw the inference that to make fun of her is ' therefore quite mistaken ' (p. 31). He feels it incumbent on him

to give certain advice to the analyst ; he must wear clean linen and, since an illegitimate sexual relation with a female patient is out of the question, he must analyse himself and take stock of his affective attitude ' and, having realized it, he must attain at least in practice to a position of sexual indifference ' (p. 41). Here we have an utterance of the demand which the author has to make upon himself in respect of counter-transference. He says, nevertheless, that during a patient's transference we are ' prone to forget ' that the transference-affects were originally attached to someone other than the analyst. We agree with the writer that, if we forget this, we shall never ' be equal to ' the ' problem of the transference ' (p. 38).

Let me give a few more illustrations of the superficial way in which the various problems are presented. In the chapter entitled ' The Theory of Sexuality ' the author decides to pass over ' all questions of general epistemology ' and those about the nature of the ' ego ' (p. 43). Probably he includes amongst these the question of the development of the libido, for the pregenital instinct-components are simply enumerated in co-ordination and in regard to the course of libidinal development he distinguishes only an early period, a period of latency and that of puberty. Speaking of narcissism, he says that it is manifest in the onanist (p. 52). The chapter entitled ' The Theory of Parapathia ' leaves most to be desired. All that we learn on this subject is as follows : The symptoms are the result of a repression. (In this connection the author says : ' We lack orientation in respect of the psycho-physical mechanisms here at work (p. 54), i.e. in the conversion of repressed ideas into symptoms.' It does in fact appear that the writer lacks orientation in respect of Freud's theory of symptom-formation.) The illness protects the patient from himself. It is a punishment for supposed guilt. The symptoms point symbolically to the repressed cause of the illness. (' It may be positively asserted that anyone who has, for instance, incestuous thoughts, will certainly not be affected with a disturbance in speech ' (p. 59).) All illness is a *dolce far niente*,[1] and the analysis fails if the patient refuses to give this up. There is no mention of the process of ' working through ' : it is assumed that, unless the patient is obstinate, he is bound to be cured directly by the interpretation. Nor is anything said about the series described by Freud : fixation—frustration—regression—repression—damming - up of libido—conflict with repression—mechanisms of symptom-formation. Anxiety is dealt with only in connection with ' anxiety-parapathia ' in the chapter headed ' Indications for Psycho-Analytic Treatment.' Here the problem is dismissed with the sentence : ' We

[1] Does this include the fulfilling of a ceremonial which gives the patient no rest or peace ? (*Reviewer's note.*)

frequently find that anxiety is based on homosexual or other paraphiliac complexes ' : and in the case of the dread of death on active wishes to kill (p. 178). The treatment of the subject of resistance is confined to a morphology, an enumeration of different forms of resistance. (Amongst other things he says that it is only ' apparently a good sign ' when the patient brings with him a list of associations (p. 104)). In order to combat resistance Stoltenhoff advises the analyst in some cases to urge the patient to begin the analytic hour with an account of the previous day (p. 103), that is to say, grossly to transgress the fundamental rule.

Why are obsessional neuroses so hard to treat ? Since the author does not recognize the existence of such things as specific regression or a sadistic-anal phase of libidinal organization, attributes ambivalence and bisexuality to everyone in equal measure and knows nothing of eroticization of thought and speech, only two reasons for this difficulty are left, which we read with amazement. In the first place, ' The difficulty of psycho-analysing patients with obsessional parapathia is perhaps mainly due to the fact that in many of the cases in which analysis has been tried, but without success, conditions have entered into the picture which have not been recognized as symptoms of manic-depressive insanity (p. 179). Secondly, patients suffering from obsessional parapathia are specially apt to break off the treatment prematurely, possibly giving as their reason : ' If I go on with the treatment any longer my mother will die '. p. 182).

Gross inaccuracies are not lacking in this book. For instance, we read : ' Sexual fixation to brothers and sisters has not very much in common ' with the Œdipus complex. In proof of this the writer points out that not everyone has brothers and sisters and that ' to make a sister-fixation, for instance, to a non-existent sister responsible for any parapathic or human mechanisms (*sic*) is to overstep the bounds of legitimate scientific speculation ' (p. 51). Stekel's ' reduction of the dream to a simple formula ' (p. 95) contradicts Freud's differentiation between manifest content and latent thoughts in dreams. The ' conversion ' of love into hate is not a matter of ' a displacement being effected within the same emotion ' (p. 27). The criteria of ' cure ' suggested by Stoltenhoff may be rejected as totally erroneous. He states that cure has taken place when the patient has detached himself (of his own accord ?) from the analyst, when the analyst no longer comes into the dreams, or when these yield nothing new or can be interpreted by the patient himself (pp. 201–203). ' Libido ' is not ' the energy which proceeds from the instinctual life ' (p. 33), and since the discovery of the pregenital libido the organs of reproduction cannot be termed the ' sexual zone ' (as in many passages in the book), but simply the genital zone.

The mode of treatment especially advocated is Stekel's ' active method '.

To judge by what the author tells us of this, it is fundamentally different from that which Ferenczi means by the term. The ' activity ' consists merely in the analyst's communicating to the patient ' at the right moment ' what he thinks he perceives with regard to the history of the illness. In doing so he makes himself, as far as possible, ' independent of the free associations ' (p. 133). The author seems to be of opinion that the ' orthodox ' analysts communicate nothing at all but wait until all the interpretations occur ' spontaneously ' to the patient. He says, with justice, that it is hard to see why a communication should not have the same effect as a spontaneous association, if it only awakens an echo in the patient's mind. But everything hinges on this condition ! It is self-evident that *premature* interpretations do not ' awaken ' any ' echoes ', but may very well frighten the patient away. The necessity for ' working through ' is completely overlooked by the author. When he says that with Stekel's method the analysis lasts for ' three or four months ' (p. 133). (evidently it is the same, whatever the diagnosis), we cannot but be sceptical about the ' cures ' thus obtained.

Again, in connection with dreams some strange theories are championed, as, for example, that everyone dreams whenever he sleeps, but often forgets his dreams later (p. 14)—a supposition which is useless, seeing that it can neither be proved nor disproved. The statement that death ' enters into most dreams ' has already been characterized by Freud as an unjustifiable generalization.

With regard to technique, the author gives some directions which run counter to our rules. He regards it as essential for the analyst himself to make a physical examination of the patient before the analysis begins. One reason for this is that, if this examination reappears later in dreams, it gives the analyst an opportunity to demonstrate to the patient the physical goal towards which the transference-wishes are directed, that is, the ' primal reaction ' (p. 78). Patients are to be urged to write down their dreams daily and to bring what they have written to the analytic hour (p. 85).[2] Then, too, he says : ' It must not be misunderstood if we require that the analyst should be surrounded by a sort of ' halo " ' (p. 80). Perhaps we are misunderstanding it, but in our opinion analysts, in contradistinction to non-analytical psychiatrists, should have no other ' halo ' than that which results from their true personality. Especially would we contradict the demand that there should actually be a ' remoteness ' of the analyst's personality ' from the sphere of everyday life ' (p. 81). For, as the advocate of the reality principle, he is bound to represent the most prosaic everyday life and, if he requires sincerity of his patient, to meet it with sincerity on his own part.

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[2] See Abraham : ' Ought we to make our patients write down their dreams ? '

Stoltenhoff recommends that, when the patient has no associations, the analyst should try the ' association-experiment '—but not for long ; more to be recommended is the method of ' stimulating the complexes ', i.e. speaking about things which one believes to be fundamental, in order to note the patient's reaction (p. 71). The writer does indeed utter a warning against a combination of psycho-analysis and hypnosis, but in one place we read that intervention by hypnosis might be used at most ' when owing to resistances which appear insurmountable the analysis ceases for a long time to make progress ' (p. 196).

The book also contains some direct attacks on Freud. The account given of psycho-analysis does not represent much more than what was known at the time when *Traumdeutung* and the analysis of ' Dora ' were published. The author justifies himself in this by asserting that analysis has ' of late years . . . been approaching questions of a transcendental nature and going too far in the direction of venturesome and far-fetched theories (p. v). *Traumdeutung* is called a ' more theoretical and speculative work ' (p. 13), as contrasted with Stekel's *Sprache des Traumes*. Of Freud we read that ' he has been reluctant to admit the ideas of others beside his own or to give them recognition ' (p. 135). Lay-analysis is summarily dismissed with quite inadequate arguments. Nevertheless the author recommends ' introductory and continuation-courses of training and lectures, such as are held for instance . . . by the Berlin Branch of the International Psycho-Analytical Association ' (p: 183). Problems of diagnosis are discussed only in connection with the advisability of prescribing analysis in different cases. Of ' neurasthenia ' we are told amongst other things that it differs from ' parapathia with neurasthenic symptoms ' in that the latter disease is ' psychically comprehensible ', while the former is not (p. 142). We are surprised to read of the problems of a ' differential diagnosis between parapathia and hysteria ' and to learn that hysteria is bound up with a degeneration of character which cannot be influenced by psycho-analysis. This true ' hysteria ' is stated to occur very rarely as compared with ' hysterical parapathia,' and where it occurs analysis is not to be prescribed (p. 143 ff.). Nosologically, ' parapathia ' is a single disease, but it has various subdivisions (p. 16), such as ' anxiety-parapathia ' and ' obsessional parapathia '. In determining what cases are suitable for analysis, Stoltenhoff is in some respects much stricter and in others much more open-hearted than we should be. Thus not only does he exclude hysteria from analytic treatment, but he also rigorously rules out all cases of psycho-pathia and alteration in character. (' We cannot require of a therapeutic method ', he says, ' that it should influence morbid processes which bear no relation to the mechanisms of the method in question ' (p. 149). By this he probably means ' to such mechanisms of the therapeutic method as we can handle '. He

ignores the fact that analysis has long ago demonstrated the connection of these particular diseases as well as others with the vicissitudes of infantile sexuality. He rules out also in principle *all* cases of schizophrenia (' analytic methods of treatment have no influence on the different picture there presented [in the psychoses] (p. 155)), and all diseases of the manic-depressive type (' because the primary, endogenic components . . . cannot be influenced (p. 180)—this, after the publication of *Mourning and Melancholia* and the writings of Abraham !). On the other hand, in discussing the possibility of treating the ' parapathic super-structure ' of organic diseases, Stoltenhoff includes Parkinson's disease (p. 153) and multiple sclerosis (p. 154). The genuine paranoia of Kraepelin, which has hitherto defied all attempts at influence, he regards as the only psychosis in which the prognosis, under analysis, is favourable (p. 157), and he also advocates analytic treatment in epilepsy, considering that real ' genuine ' epilepsy occurs but rarely (p. 159).

Having expressly designated the onanism of childhood as ' normal ' and repudiated the idea of treatment for it (p. 161), the author immediately afterwards states that onanism is an indication that ' the child is coming into contact with the phenomena of sexual life in a form which he cannot tolerate ', and he recommends both ' a friendly talk ' and ' as far as possible ignoring ' the habit (pp. 161, 162).

In some passages the writer makes remarkable concessions to the resistances of his readers. Thus he says : ' If the theory of the sub-conscious were ever overthrown, psycho-analysis would have to accommodate itself to this circumstance ' (p. 169). Again, while commending Freud's principle of charging fees for hours during which the patient fails to come for analysis, he nevertheless thinks that ' at first sight this seems to imply a lack of fine feeling ' or ' to be incompatible with the dignity of the medical profession ' (p. 74).

In conclusion, I would mention that the author has a peculiar preference for the phrase ' *in dubio* ' and uses it in contexts where it is totally unsuitable. For instance, the physician must not utilize the analytic situation for the gratification of his own instincts, ' even though *in dubio* ' he ' can very easily do so ' (p. 40). Again, analysis costs money, ' and indeed *in dubio* rather a lot of money ' (p. 75).

Of course in this review I have selected just the passages to which I take exception. Besides these, the book contains much that is correct and worth reading.

But, where such a big task is attempted as to provide a ' Text-book of Psycho-Analysis ', our standard in testing the result must be an exacting one. And after all that we have learnt about this work it cannot be recommended as a ' Text-book '.

O. Fenichel.

Psychopathology. Its Development and Its Place in Medicine. By Bernard Hart, M.D., F.R.C.P. (Cambridge University Press, 1927. Pp. 156. Price 7*s.* 6*d.*)

To those unacquainted with Dr. Hart's rare gifts this noteworthy book will come as a revelation of what clear thinking is possible in a field where it is only too uncommon. To those who are, on the other hand, we need only say that Dr. Hart has here surpassed even his previous standards for lucidity in the grasp of fundamental principles. No serious worker in psychopathology can fail to have his thought clarified and stimulated by this careful presentation.

The contents of the book are the three Goulstonian lectures delivered before the Royal College of Physicians on the Development of Psychopathology and its Place in Medicine, a fascinating paper on the Psychology of Rumour, and an address, which is not up to the level of the rest of the book, on the Methods of Psychotherapy.

It is with the first of the three sections that we are here chiefly concerned. The first half of it provides an historical account of the development of psychopathology which, in the reviewer's opinion, is not to be equalled in medical literature. Not that the subject has not been competently, and much more fully, dealt with elsewhere, for instance, by Janet, Mitchell and others, but with his sure feeling for the essential Hart has quite transmuted the mere record of historical data. Skilfully dissecting the distinctions and interactions between practice and theory, and never for an instant relaxing his firm grasp of scientific principle, he penetratingly reveals the essential continuity in the chain of development, one that is often obscured by the irregular and apparently accidental historical chronology. This part of the book will certainly rank as a classic on the subject and really leaves no more to be said on it. Interwoven with this historical survey we have a favourite theme of Hart's, a re-statement, which we cannot have brought to our attention too often, of the fundamental canons of scientific thought, couched in the brilliantly clear style for which the author is so justly renowned.

This ungrudging admiration for Hart's rare qualities comes from someone who nevertheless differs from some of his most important conclusions, and it will be surmised that these concern the subject of psychoanalysis. Hart's presentation of the subject, though admittedly sketchy, is scrupulously fair and throughout well-informed. His appreciation of Freud's work has none of the ambivalent combination of fulsomeness and depreciation with which we are so familiar in other critics ; it is indeed as complete as we could ever expect from anyone not possessing actual experience of psycho-analysis. He grants that Freud's individual conclusions are self-consistent, are plausible, and are in many cases borne out by reference to non-analytical data. He accepts many of the doctrines,

such as repression, internal conflict and the mechanisms of distortion, and recognizes their working value in psychopathology. He is fully alive to the importance of the dynamic point of view introduced by Freud and to the general inspiration of his work. But he retains a fundamental scepticism about psycho-analysis in general and its most important doctrines, such as the nature of the unconscious, infantile sexuality and the sexual theory of the neuroses, in particular.

To understand all this, one must comprehend something of Hart's personality, which is both remarkable and unusual. However he may protest to the contrary, he is really a philosopher by temperament, and not a psychologist; in fact, it is fairly evident that he has a deep-seated distrust of all psychological facts. Put in analytical terms, he has withdrawn his resistances against the unconscious to a quite amazing extent, and has thus left his intellect an unusually free scope. His criticism of psycho-analysis is throughout objective, and is not once marred by the little distortions and other signs betraying the interference of resistances that are so patent with all other critics we have encountered; one might even say that from a purely intellectual standpoint, and granted one particular premise with which we shall deal presently, it is unimpeachable. It is only at the one point just hinted at that we reach the limit of free thought and begin to perceive the nature of the barrier beyond. Yet that this should prove fatal to further insight will not surprise any psychoanalyst.

Hart reminds us of the pivotal part played by the concept of causality as the one indispensable basis of all scientific method, but his intolerance of dogma is such that he freely admits the purely empirical nature of even this concept. When Jung claims that the concept is too restrictive for psychological investigation, so that other, non-scientific modes of approach are called for, Hart grants the logical justifiability of the claim. It places Jung's work outside the sphere of science, but this does not necessarily invalidate its possible usefulness. There is no more to be said here. Freud, on the other hand, claims that his work fulfils the canons of science and Hart takes up the challenge, it being agreed that the validity of Freud's work is to be determined by applying the criteria of science. In discussing this general matter Hart deals very neatly with the common objection that the concept of purpose in psychology is incompatible with that of causality. He points out that when by the latter concept nothing is implied beyond the idea of unconditional sequence, no question of incompatibility can arise, for purpose is simply one of the factors in the sequence. When, however, as in the physical sciences, by causality is implied a relation of identity between cause and effect, then the concept of purpose cannot be brought into harmony with it, for a sequence in which purpose is a factor is irreversible. But irreversibility of the sequence

is a characteristic of all branches of knowledge concerned with life processes, so that ' the inapplicability of the narrower concept of causality is not therefore a peculiarity of psychology, but a peculiarity of all the biological sciences, and the circumstances we have considered merely indicate that psychology is extra-mechanistic, but not extra-scientific ' (p. 47).

Hart once more introduces his distinction between the phenomenal nature of Janet's concept of the unconscious and the conceptual nature of Freud's, but his views on this matter have been so fully dealt with in the discussion of his Presidential Address to the Medical Section of the British Psychological Society (see the *British Journal of Medical Psychology*, Vol. VII) that they need not detain us here. His fallacy appears to be that when investigators of phenomenal processes infer from them the existence of other processes which cannot at the moment be directly perceived, that this inference is necessarily of the same nature as a theory scientifically constructed to ' explain ' (i.e. summarize) the observed phenomena, in other words, that the processes inferred are necessarily on a purely conceptual plane. In reality, this may or may not be so. The ether, for example, may or may not have a phenomenal existence which some new method of investigation might demonstrate; its value as a concept would be the same in both cases. But when a geologist infers from the observation of certain phenomena the previous occurrence of others no longer directly observable, he means that, given a favourable opportunity, they would have been observable and did in fact take place. Similarly, Freud's postulate of unconscious processes is more than a convenient scientific hypothesis; it is an inference concerning a part of reality, and its validity can be tested in more than one way, for instance by making the inferred processes conscious and therefore accessible to direct observation on the part of the subject.

We come now to Hart's scepticism about psycho-analysis. He admits by implication, not merely that psycho-analysis has to be taken with the fullest seriousness, but that in fact no other theory occupies the field. He further grants that, quite apart from the use of the psycho-analytic method, extensive confirmation of many of the conclusions of psycho-analysis can be drawn from numerous fields (though he mentions only a few of these). It is interesting to have his own testimony, that of an experienced psychiatrist, that ' phenomena can be observed in the speech and actions of the insane which are entirely conformable to the principles deduced by the psycho-analytic method, and in which any influencing of the patient by the physician is excluded by the nature of the case ' (p. 82). But he remains sceptical, and he defends this by asserting his disbelief in the scientific validity of the psycho-analytic *method*. It cannot be said that his criticism is in any way helpful or constructive; he makes no

suggestion of any way in which the validity of the method could be more objectively tested. On the purely intellectualistic standpoint we can merely note the fact that Dr. Hart does not believe that the method is reliable ; we can get no further, for the fact does not help us, nor can we even regard it as an important fact so long as it emanates from someone with no experience of the method.

But from a psychological point of view we can get further. We can inquire into the precise nature of Hart's scepticism and in that way undercut it, so to speak. The objection he constantly raises to the method is that the data it elicits are necessarily impure and open to suspicion that cannot be done away with, for they are second-hand inferences subjectively coloured and obtained under the constant pressure of ' suggestion '. ' This constant testing by an appeal to objective facts is a *sine qua non* in the development of any scientific theory, and we have seen that it is just this test which is lacking in the growth of psycho-analytical theory, because objective facts will not serve its purpose, but only those facts after they have been prepared by the method of psycho-analysis ' (p. 77). ' We are therefore compelled to regard the method of psycho-analysis as an imperfect weapon of investigation, and one capable of seriously distorting the facts which it elicits ' (p. 78). Nevertheless, ' We may draw the final conclusion that, although the theories of Freud do not attain the standard demanded by the canons of science, some of his conceptions approximate very nearly to that standard, and perhaps as nearly as any psychological conception can approach ' (p. 83).

Hart appears to set out with a well-founded scepticism about the capacity of anyone to give accurate testimony (cf. the chapter on Rumour), particularly about their own mental processes, and he shares to the full the firm belief so characteristic of English neurologists that it is forever hopeless to expect to obtain truth from an hysteric (a belief, incidentally, that was greatly fortified by the vagaries of Charcot in this field ; where this great man had been taken in they would not run any risks). When it is suggested that even the distortions of hysterics must have their inner reason, and that a method has been evolved which can unravel these distortions, Hart remains mistrustful. He is really suspicious of psychological facts and distrusts both his own capacity and that of others to evaluate them, to discriminate among them, and to form any safe judgement concerning them. It is only his intelligence that prevents him from clamouring for the material apparatus in which the laboratory psychologist seeks security.

Added to all this comes the dreadful possibility of ' suggestion ', and with this word we reach the fatal barrier hinted at earlier. It is plain that Hart has an inordinate fear of ' suggestion ', or, put more objectively, that he grossly over-estimates the power of suggestion. Analysis of the

deeper layers of the mind teaches us irrefutably that suggestions not in accord with some already existing tendency of the person have only the most superficial and evanescent effect. An experienced analyst knows that he can be scandalously careless in suggesting an interpretation to a patient, for he is thoroughly well aware that, if on the one hand it is incorrect, its incorrectness will be manifest to the heavens, and that, if on the other hand it is correct, this will be confirmed in a variety of unmistakable ways over which he has not the slightest control or the slightest possibility of prevision. In fact, to an analyst labouring painfully to get a patient to see something quite patent to any onlooker, and measuring to the full the patient's power of resisting the obvious, the marvellous power of influencing the patient's mind attributed to him by his critics becomes nothing other than ludicrous. To influence and change a person against his will, not of course as regards his superficial opinions, but in the deep sense meant in psycho-analysis, is one of the very hardest tasks that a human being can be set. The inner structure of the mind (including the basic character of the personality) is one of the most refractory materials in nature.

The only statement of fact that we have to question in the book is where Hart uses the familiar argument about the conclusions of Freud, Adler and Jung from the application of the same method. There is the best of reasons, including the statements of Adler and Jung themselves, that the methods they employ bear only a very remote resemblance to those of psycho-analysis.

E. J.

*

The Mind in Sleep. By R. F. Fortune, M.A. (Kegan Paul, Trench, Trübner & Co., London, 1927. Pp. 114. Price 5*s*.)

Among the many queer and devious routes by which Freud's discoveries are gradually being assimilated we are familiar with that in which a beginner misapprehends one of them, converts it into fresh language, and then proclaims it as an original discovery.

The publishers announce that ' this small but important volume takes the study of the analysis of dreams a step beyond that of Freud and Rivers '. The opening sentence in the book is ' My chief purpose in this little book is to reveal a hitherto unobserved mechanism of a certain class of dreams arising from mental conflict '. Full of expectation we then read, ' This class of dream may be roughly defined in terms first formulated by Graves : " when a person is in conflict between two selves, and one self is stronger than the other through waking life, the weaker side becomes victorious in the dream ". It must be understood that this is a very special class of dream and that many dreams within this class can only be included by a loose interpretation of the term " victorious ". In many of

these dreams the weaker side to the conflict evades repression during sleep in a very circuitous and symbolic manner and possesses the field in disguise only '. At this point we begin to wonder whether the author noticed the motto to Freud's ' Traumdeutung ' : ' *Flectere si nequeo superos, acheronta movebo* '.

But it appears that we should concern ourselves not with the author's ignorance but with Freud's, for we learn that ' Freud has no knowledge of this mechanism of symbolism whereby a repressed experience merges with another experience less repressed, and so is made participant in the comparative freedom from repression of the latter ; and he has no knowledge of the associative method of conjunction by community of affect which mediates this ingenious dream device ' (pp. 15–16), and, unfortunately, ' The rôle of emotion in dreams has not been sufficiently observed by Freud, Rivers or other workers ' (p. 73).

Naturally the author coins new terms to emphasize his new discoveries. Thus ' the side repressed during waking ' is called the *submergent*, while the process of calling this repressed submergent by an associated less repressed experience of like affect is termed *surrogation*. When the ' submergent ' is kept out of consciousness, but not the ' surrogate ', the process is termed *envelopment* of the censorship.

Freud's theory of the function of dreams is simply inverted. Instead of the dream resulting from the conflict between the wish to sleep (in the higher levels) of a disturbing mental content, the author considers that it is the latter which incorporates the wish to sleep ; ' the submergent, not the censorship, is, in my opinion, the guardian of sleep ' (p. 97).

The book itself is worth reading for the study of the personality it reveals. The dreams recorded are interestingly described and partly analysed ; the author says that in fifty-six out of his seventy dreams there was no material reaching back for more than three years before the dream. The author, who is a New Zealander, has evidently given great attention to the subject of dream-life, and we may hope that he may pursue his studies still further. The book was expanded from a thesis presented at Edinburgh University.

E. J.

*

Character and the Conduct of Life. Practical Psychology for Every Man. By William McDougall, M.B., F.R.S., Professor of Psychology in Duke University. (Methuen & Co., London, 1927. Pp. xii + 287. Price 10*s.* 6*d.*)

In this book McDougall endeavours to make practical application of his psychology for the benefit of those who desire (to quote the dust cover) ' to be usefully happy and blamelessly successful '. He hopes (this time to quote the preface) ' that it may be found to go a little farther than

others of similar aim in affording practical guidance in the conduct of life ', and whatever view we may take of the attempt, it can scarcely be denied that this modest hope is amply justified. There can be little doubt that the book really does apply psychological knowledge to the concrete problems of life with greater success than any previous attempt on the same scale.

The book falls into two fairly distinct parts—the first dealing with the more formal and general aspects of conduct, the second with the more material and specific aspects. From the scientific point of view these two parts are of rather unequal worth. The first part (including the first 170 pages) consists very largely of an elaboration in certain particular directions of the author's psychological system, as it has already been developed in his previous works, notably in the *Social Psychology* and the *Outline of Psychology*. It abounds in the carefully made and usefully applied distinctions that are such a prominent feature of these other books—distinctions which, whatever may be their ultimate value, help very materially towards the preliminary classification of many obscure and hitherto confused problems. Of such distinctions may be mentioned in particular: that between Ambitions (aiming chiefly at success as measured by the opinions of others) and Ideals (aiming chiefly at success as measured by an individual's own view of ultimate reality); that between Principles (which are intellectually important but in themselves sterile as regards behaviour) and Sentiments (which imply the organization of conative tendencies and which therefore are bound to influence conduct); that between (the more complex and adaptable) Sentiments and (the more specific) Habits; and that between positive and negative morality (with emphasis upon the greater difficulty of the former and the practical corollaries arising therefrom). In all this and much more there is a welcome amplification and application of the author's views and doctrines already published. In fact, this part of the book is probably as good as could reasonably be expected, even for a writer of so high a standard as the present author, if we bear in mind the fact that the treatment of the difficult problems under consideration is fructified by neither of the two methods of approach which are proving themselves the most potent in contemporary psychology—the experimental and the psycho-analytic. To a large extent of course this is not the author's fault; many aspects of these problems have scarcely been touched by either method. But it must be admitted that he has neglected to make use of such information as is already available from these sources. Thus it is disappointing that a work of this scope on character and conduct should contain not a single reference to Webb's outstanding statistical investigations; while to the psycho-analytical reader a great deal of the treatment—even though it be unimpeachably valid on the purely descriptive plane—will inevitably

appear to suffer from a certain superficiality and over-simplification due to the almost consistent neglect of the deeper unconscious factors which study by the psycho-analytic method has revealed. Indeed the author makes but little attempt to incorporate any psycho-analytic findings, and on the relatively few occasions where these findings are explicitly mentioned they are usually spoken of in depreciating terms.

Nevertheless we should probably be correct in assuming that psycho-analysis has exercised a considerable influence upon his views as regards the importance to be attached to certain general types of mental process. Thus he clearly recognizes the frequent great significance of ' reaction formation ' (' compensation ' in his terminology), the part played by conative integration in mental development and by conflict in mal-development. Indeed for him conflict is in certain respects even more important than for the psycho-analyst. For according to him the conditions of human happiness are to be found just in ' harmony within the soul, character so organized as to avoid internal conflicts, character such that all sentiments may co-operate, yielding one another support and reinforcement ' ; the reason for this being that ' only such organization of character enables a man to mobilize all his energies and to exercise most effectively all his powers ; and to do that is happiness ' (pp. 113, 114). Elsewhere, moreover, he seems to have arrived independently at conclusions which—so far as they go—are strikingly in harmony with those recently formulated by Freud. This is particularly the case as regards the nature and function of the ' self-regarding sentiment ' which, as is well known, plays in his psychological system the chief rôle both in the integration of character and the exercise of will. In the present book the introjection of idealized personalities is clearly recognized as an essential process in the formation of this sentiment—which in this and in other respects displays a close resemblance to Freud's ' Super-Ego '. But here again McDougall's treatment is confined to a recognition of relatively superficial events, so that a comparison of the two accounts of this aspect of the mind shows Freud's to be incomparably the deeper, though it may lack the attractive clarity and straightforwardness of McDougall's exposition.

As already indicated, the second part of the book, dealing with more specific problems, is hardly up to the standard of the first. The very numerous particular views and suggestions which this part contains are only too often inadequately linked up with any previously established general psychological and ethical principles, so that the reader is apt to feel rather embarrassingly dependent on the writer's *ipse dixit*. It is no doubt the *ipse dixit* of an erudite, experienced and broadly sympathetic personality, but statements that remain upon this plane, however arresting and instructive they may be, do not constitute a scientific contribution to

ethics. One feels that in this part of the work the tender zeal of the kind and sympathetic moralist who desires to lend a helping hand to those who are floundering amid difficult, momentous (and—as it seems to him—to some extent novel) problems, has outrun the impartial curiosity and guarded empiricism of the psychologist, who would content himself with determining the cause and effect of certain lines of conduct and pointing out their bearing on more general principles. For on more than one occasion such psychological explanations as are offered are rather glaringly inadequate, and too much overshadowed by the moral judgements that accompany them. Thus, in discussing the causes of the alleged greater tendency to petty malice and 'cattishness' among women as compared with men, the author contents himself with saying: 'I am disposed to believe that [this tendency] is merely due to lack of refinement of the feminine tradition in this respect; that in this one matter women do not set themselves a sufficiently high standard of conduct' (p. 211). And in explaining a case of impotence in a man whose sexual functions were normal in pre-marital intercourse but who was impotent with his wife, to whom he was 'genuinely attached', he tells us merely that this 'was the penalty he paid for the loose living in which he had vented his sex impulse without sublimating it, without synthetizing it with the rest of his personality' (p. 278).

A certain conservativeness of outlook manifested in some sections of the second part of the book is largely connected with the writer's concern for the institution of the monogamic family and his fear lest some of the advantages of this institution be lost in the changes that modern conditions are bringing about. Thus he considers marital jealousy to be not only inevitable but also (except in pathological excess) desirable, and bids husbands and wives to be 'frank and unashamed' of this jealousy [even to the extent of not allowing each other to attend dances—though he frankly expresses a doubt whether he will carry conviction on a point 'which goes so directly against custom' (p. 236)] .It is interesting to note that in spite of this stress on jealousy between husbands and wives, he is loth to admit that jealousy occurs between other members of the family and tells us categorically that 'there has grown up of late years the myth that every child is inevitably jealous of its younger brothers and sisters. Do not believe it. It is not true' (p. 237). He frankly disbelieves in the existence of the Œdipus complex in the majority of normal people, and thinks that psycho-analysts have tended to exaggerate the necessity and desirability of children freeing themselves from the mental influence of their parents, contending that the continued devotion of children to their parents is in many cases both desirable in itself and because it provides an alternative satisfaction to marriage in a world that is becoming over-populated (pp. 53 and 139). In another place he raises the interesting question of

whether romantic love will be able to survive the present breaking down of barriers (p. 98); though without indicating in any further detail what are the conditions or what would be the consequences of such a loss.

But although we have to admit that a great proportion of the second part of the book is unsatisfying, if we judge it from the strictly scientific point of view, this does not mean that it is devoid of all value. On the contrary, there can be little doubt that much of the advice here given under the familiar headings 'To Young People', 'To Girls', 'To Young Men', 'To Wives', etc., is vastly more sensible and useful than that most often found under such headings, and that it may be read with interest and profit by all those who are in search of such advice, or who wish to ascertain the personal views of one who has devoted much time and careful thought to the study of the human mind and whose works on psychology have achieved a popularity attained by no other contemporary writer.

J. C. F.

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Hymen or the Future of Marriage. By Norman Haire. (Kegan Paul, Trench, Trübner & Co., London, 1927. Pp. 96. Price 2*s.* 6*d.*)

This vivid and stimulating little book constitutes a worthy addition to the enterprising 'To-day and To-morrow' series to which it belongs. After driving home the theme that 'there is scarcely a single subject relating to sex on which we seem capable of thinking and acting rationally, and our own prejudices give rise to incalculable harm to Society', the author outlines his views concerning the changes that are likely to occur to the constitution of marriage, so far as can be judged from present tendencies. Mating should, he thinks, occur as soon as puberty is reached, and he considers that a change in this direction is probable, though he seems uncertain whether this 'mating' will chiefly take the form of preliminary extra-marital intercourse or of early marriage (rendered less adventurous by greater facilities for divorce). Children will be provided for by the State (as is already so with regard to the education of the great majority), and the State in return will insist upon a say about the number and quality of the children and a stricter surveillance of the conditions under which they grow up. Polygamy will be permitted (though the author regards life-long monogamy as the ideal—but without stating his reasons). The skilled use and understanding of contraception will be universal and sterilization may often be voluntarily employed and sometimes insisted on. Suicide will cease to be regarded as wicked or unreasonable and will be much more frequent, though 'it will more often occur on account of incurable illness and not so often, as at the present day, because of sexual unhappiness'. Doctors will be paid to prevent illness rather than to cure it. Increasing death duties will tend to put an end to the transmission of economic wealth, so that a good heredity will be all that a parent can

transmit to a child. Jealousy and unrequited love will inevitably continue as causes of unhappiness, but will diminish as the importance of the element of possession in sexual life decreases. Such themes as abortion, infanticide, artificial insemination, ectogenesis and rejuvenation are also briefly touched upon. Altogether a thought-provoking little volume in which daring is combined with tact, good sense and lack of prejudice. The orientation is, however, almost exclusively sociological, so that the important psychological aspects of the problems dealt with receive less than their fair share of attention.

J. C. F.

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The Genetics of Sexuality in Animals. By F. A. E. Crew, M.D., D.Sc., Ph.D. (Cambridge University Press, 1927. Pp. 188. Price 10*s.* 6*d.* net.)

This book presents a great contrast with the one by Baker on the same topic which was recently reviewed in the JOURNAL (Vol. VIII, p. 430). Although Dr. Crew is evidently also a master of his subject, he has none of Mr. Baker's exceptional powers of easy and sympathetic presentation. Indeed, the book makes decidedly heavy reading. The author is completely unsparing towards his reader and rarely deigns to explain most abstruse technical terms. The dryness and heaviness of style, however, are not due to any lack of clearness in thought, but to a passion for rigidly accurate statement and an uncompromising attitude towards the audience. The following sentence will illustrate what we mean by this: 'They (Lipschütz, etc.) have shown conclusively that for the complete differentiation and maintenance of the sexual phenotype active functional gonadic tissue is essential; that a male possessing testes, because the embryonic gonads assumed the testicular organization for the reason that they were XY tissues and developed in the initial internal environment of maleness, becomes a phenotypic male because the testes exhibited a certain specific kind of physiological activity, elaborated a specific male "sex-hormone", which greatly reinforced the initial internal environment of maleness, and exerted, during the critical period of their development, a directing stimulus that evoked a ready response on the part of the remaining structures of the sex-equipment, so that they pursued their differentiation according to the male type of sexual architecture'.

The book is, in short, one for experts in the subject. The greater part of it deals with the Mechanism of Sex-Determination and the Physiology of Sexual Differentiation, the three remaining chapters being on Sex-Reversal in the Adult Individual, The Mode of Inheritance of Sex-Dimorphic Characters and The Sex-Ratio.

While those, who, like psycho-analysts, are working at the various scientific problems concerning sex, have to keep in touch with the valuable genetic and experimental work being done on the subject, we should

advise them to study this book only after they have familiarized themselves with more elementary treatises.

A psycho-analyst would doubtless agree with the author's strict definition of 'Sex' as 'the term used to define that differentiation of different parts of an individual, or of the same individual at different times, or of different individuals, which is associated with the elaboration of physiologically and often morphologically dissimilar gametes in the union of which the next generation of individuals has its origin' (p. 1), whereas he would be more doubtful whether the author's definition of 'sexuality' is not somewhat narrow. This is defined as 'the state or quality of being distinguished by sex' (p. 1). . . . 'Sexuality is an attribute of the function of reproduction; it is concerned with the capacity of living things to multiply. Sexual reproduction (amphigony), distinguished by the preliminary process of fertilization (syngamy), requires that two physiologically and in many instances morphologically dissimilar gametes derived, in most cases, from physiologically dissimilar areas of one and the same individual or from two separate and sexually distinct individuals, shall unite to form a zygote in which the new individual shall have its beginning' (p. 1).

We note that the author, unlike more homosexually inclined workers, is very emphatic on the sharp distinction between the elements of maleness and femaleness, attributing the extensive occurrence of what he terms intersexuality among even the lowest animals to various complicating factors in inheritance rather than to any lack of clearness in the distinction.

E. J.

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Manual of Psychiatry. Edited by Aaron J. Rosanoff, M.D. Sixth Edition. (John Wiley & Sons, New York; and Chapman and Hall, London, 1927. Pp. 697. Price 30*s*.)

Although the author of the last edition has become the editor of this one and has co-opted four more collaborators, including a professor of psychology, who is responsible for those parts dealing with the applications of psychology to psychiatry, we regret that the criticisms we made in 1921 (Vol. II, p. 467) are still applicable to this work.

W. H. B. Stoddart.

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Magnetism and Magic. By Baron Du Potet De Sennevoy. (George Allen & Unwin, Ltd., 1927. Pp. 154. Price 6*s*.)

We are told in a note at the commencement of this book that it is an abbreviated translation of *La Magie Dévoilée* written by Baron Du Potet De Sennevoy in 1852. We find, however, that nearly half the book is taken up with an Introductory Essay and Biographical Notice, evidently by the Editor and Translator, A. H. E. Lee.

The account of Du Potet's experiments (the abbreviated translation), which by the way could just as easily have been obtained from the original work by anyone interested in the history of magnetism, is of very little interest except from an historical point of view. One almost feels that the book has been produced for the sake of the essay.

The essayist says that psycho-analysis approaches the mystery half revealed by Animal Magnetism, but he complains that analysts are not even theists, and therefore cannot go far in their researches. He refers to the word 'libido' as hideous modern jargon (p. 58), but on p. 59 the following phrase would seem to fit more accurately the use of the word jargon. The essayist says, 'That which is gross affects the outer senses: that which is mental, the inner, and so on to the final "projection" of the Reason towards Intelligibles, by which we are magnetized back, or religated, to the super-substantial source of all'. This is the sort of language in which most of the book is couched.

D. B.

*

The Groundwork of Psychology. By G. F. Stout, M.A., LL.D. Revised by R. H. Thouless, Ph.D., M.A. (London University Tutorial Press. Second Edition, 1927. Pp. x + 227. Price 5*s*. 6*d*.)

This well-known book, originally published in 1903, has undergone some revision and addition at the hands of Dr. Thouless, and its usefulness has been increased thereby. But in spite of this, its value as an elementary text-book is probably inferior (except in the one point of condensation) to the author's larger *Manual of Psychology*, and to the advanced student it is of course much less attractive than the author's less widely read but in many ways very profound work on *Analytic Psychology* published in 1896. The additions introduced into the present book do not include any treatment of psycho-analytic findings.

J. C. F.

*

The New Leadership in Industry. By Sam. A. Lewisohn. (E. P. Dutton & Co., New York City. Pp. 234.)

The jibe of social reformers like Ruskin against the economic man of the political economists has been losing its effectiveness these latter years, when it is being understood that the economic man was never intended to be more than an abstraction—like the pure solid or pure gas of the physicist. There has not been, however, any serious attempt to unravel the mental aspects of man as a workman either individually or in groups; either as employer or employed. Mr. Lewisohn must be commended for his brave attempt to prove that the relations of employer and employed do involve psychological problems; he essays to point out that psychological understanding—the principles of psycho-analysis—can be effectively used to

explain the relationships between employer and employed. He is here chiefly concerned to establish his point that the leader, director, manager, trade union official, must understand the psychological principles concerned and should be able to apply the data of psycho-analysis to labour problems and labour disputes.

In presenting the psychological aspects of economics, there is always the danger that the fundamental economic side be neglected : it is not quite certain that Mr. Lewisohn has rightly valued this economic difference. The class war is a perfectly sound scientific conception, economic and psychological, which is, of course, not countermined by the possession of railway stock on the part of some or all of the employed, or by the fact that the shareholders of a bank may be hardworking brokers or burglars. Mr. Lewisohn's book will be of value to psycho-analysts who are interested in the political economic problems of the day ; the more value because probably neither capital nor labour will take much heed of Mr. Lewisohn's often useful psychological advice to both.

M. D. Eder.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY THE
GENERAL SECRETARY, DR. M. EITINGON

BRITISH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1927

April 6, 1927. Miss Ellen M. Terry : A speech defect in a boy five years old. The case of a boy suffering from a powerful inhibition in talking coupled with tendencies towards phobias of running water, flies and dogs. He used in all only about ninety words, mainly for phantasy purposes. Weaning at four months constituted a traumatic event and on the oral level speech was held back through the equation speech-milk. The release of the words ' Mum ' and ' Yes ', as well as others, was shown as the direct result of analysis.

May 4 and *May* 18, 1927. Discussion on Child Analysis. Miss Barbara Low gave an abstract of Fraülein Anna Freud's book, *Einführung in die Technik der Kinderanalyse*. Dr. Eder, Dr. Edward Glover, Mrs. Klein, Mrs. Riviere, Miss Searl and Miss Sharpe took part in the discussion, but no abstract is given of their speeches because they are to appear *in extenso* in the *Journal*.

June 1, 1927. Dr. Ernest Jones related a case of obsessional neurosis in which the main symptom was a fear of losing æsthetic capacity. He discussed at some length the nature of the fear of making progress in the analysis, and the meaning of the desire for a complete cure before any progress should be made.

A discussion followed.

June 15, 1927. Dr. Ferenczi gave a Report of Instructional Work in Psycho-Analysis in America in 1926–27.

Abstract : The speaker first described the great general interest in psycho-analysis shown by public opinion in America, and thereupon gave the reasons which had prevented this interest from going deeper. He referred to the pioneer work done in America by Drs. Stanley Hall, T. T. Putnam and A. A. Brill. He did not find in official medical circles the same rigid opposition that we are familiar with in Europe, but rather a tendency to be satisfied with a superficial acquaintance with the subject, a sort of democratic feeling of the unassailability of his own person seeming to prevent people from submitting to the rule of being personally analysed. Adler's doctrines had a certain popularity in teaching circles, as had those of Jung amongst society women. A personal visit of Adler's disappointed scientific circles, however, on account of the narrowness of his views.

Rank's new technique appeals to many on account of the shortness of the treatment, and a rapidly growing little army of adherents is being formed. The speaker had set himself the task of giving a series of lectures on the history and present position of psycho-analysis by invitation of the ' New School for Social Research '. This was before a mixed audience of doctors and laymen, and was at the same time the first attempt to make Freud's meta-psychology comprehensible to a wider circle. The speaker described briefly the impressions which he had obtained during his lectures at Columbia University, in medical and psychiatric societies, among social workers, psychologists and in private houses, and he expressed admiration for the willingness to learn about new things shown even by teachers and professors. The extreme, and in his view exaggerated, fear of lay analysis exhibited by medical men forced him to hold two separate courses, one for laymen and the other for a medical audience.

He then gave a short summary of a lecture he had given before the New York Society for Clinical Psychiatry about ' Gulliver fantasies ', and he communicated his contributions to the line of thought followed by Freud on the psychological differences in the sexual character of men and women.

Finally, Dr. Ferenczi expressed his thanks for the welcome he had received, which he took to apply less to his own person than to the associations which linked his name to the early days of analytic study.

New Associate Members :

Mrs. Marjorie Brierley, Granary Cottage, Crabtree Lane, Harpenden, Herts.

Dr. Marjorie E. Franklin, 55, Welbeck Street, W. 1.

Dr. Adrian Stephen, 50, Gordon Square, W.C. 1.

Dr. Karen Stephen, 50, Gordon Square, W.C. 1.

Dr. Hilda M. Weber, 6, Taviton Street, Gordon Square, W.C. 1.

Douglas Bryan (Hon. Sec.).

ABBREVIATED REPORT OF THE SUB-COMMITTEE ON LAY ANALYSIS

The Society appointed a Committee on February 2, 1927, to draw up a Questionnaire, and gave up an evening to its consideration on March 2. The Questionnaire was revised and re-issued to members, and on their replies the following report is based. Twenty-one out of twenty-five members replied, and of these nineteen found it possible to answer the questions with simple affirmation or negation.

Subject to the provisos that no patient shall be taken on for analysis except after consultation with a qualified physician, and that a standard of education corresponding to a university degree shall be required from lay analysts, and that as regards analytical qualifications and in all other respects the same standards shall be required of lay as of medical analysts,

the Society was of opinion that *lay analysts are capable of adequately carrying through an analysis in some cases only ;* a slightly larger majority held that *the knowledge implied by medical qualification is of special value in some cases only.*

From the point of view of the recognition of psycho-analysis as an organized science and discipline by official bodies (such as universities, schools, Government departments and the Law) there was a majority in favour of the view that *most analysts should be medical and a few lay.* In regard to *the relation between the psycho-analytical movement and the medical profession,* there was a majority vote (half of the members) who held that *most should be medical.* The greatest divergence was expressed in answer to the questions relating to *the interests of the internal development of psycho-analysis as a science,* but eleven (44 per cent.) who replied held that *most analysts should be medical.*

On practical measures the Society showed almost complete unity : *eighteen out of twenty-one voting expressed an unqualified affirmative to the proposal that Training Committees be instructed to urge lay candidates to obtain a medical qualification wherever possible, but not to exclude such candidates on the sole ground of their not obtaining such qualification.* Every member voting endorsed the following : *The British Psycho-Analytical Society is unanimously of opinion that no Training Committee should accept a candidate from another country whose status contravenes the standard that the Training Committee of that country, with its knowledge of the laws and conditions there prevailing, has decided on ; and if possible not without previous consultation with the foreign Training Committee in each case.*

Persons holding opinions on the lay analysis question may be divided into three parties : the extreme ' lay ' wing, the moderate party, and the extreme ' medical ' wing. The analysis given in the preceding paragraphs does not and cannot distinguish the *number* of persons holding the ' extreme ' views. With the returns before us, it is easy to see that no member voting belongs to the ' extreme ' ' medical ' wing, that is, no one holds that on *all* matters *all* analysts should be medical and *none* lay. Only one member (a lay person) approaches to the ' extreme ' ' lay ' wing. The percentage of members voting who appear to belong to the moderate party from the foregoing analysis is about 80 per cent. This, however, does not represent the real degree of unanimity, since the score is materially reduced by shades of difference in the interpretation of the words ' most ', ' few ', and ' some '. Thus *the British Psycho-Analytical Society is practically unanimously of the opinion that most analysts should be medical but that a proportion of lay analysts should be freely admitted provided that certain conditions are fulfilled.*

(Signed) Ernest Jones. James Strachey. John Rickman.

London, May 26, 1927.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Third Quarter

There have been no Meetings of the Society during this Quarter.

Change of Address :

Mrs. Melanie Klein, 93c, Linden Gardens, London, W. 2.

Dr. G. W. Pailthorpe, 22, Park Crescent, London, W. 1.

Dr. John Rickman, 37, Devonshire Place, London, W. 1.

Dr. F. R. Winton, Dept. of Physiology, University College, Gower Street, London, W.C. 1.

Resignation :

Dr. Estelle Maude Cole.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1927

April 5, 1927. Frau Dr. Lampl de Groot : On the evolution of the Œdipus complex in women.

Business Meeting. Dr. August Watermann (Hamburg, Colonnaden 18) was elected an associate member.

April 26, 1927. Short communications :

1. Dr. Hárnik : Two dreams dreamt by children.
2. Dr. Böhm : A feminine phantasy in a man.
3. Dr. Fenichel : *a.* The sense of guilt and the need for punishment. *b.* Wit in dreams.

May 3, 1927. (1) Frau Dr. Horney : Report of the Second General Psychotherapeutical Congress, held at Nauheim. (2) Dr. Simonson : The relation of time and space to dream-work.

May 17, 1927. Evening devoted to discussion on technique.

Subject for discussion : The danger of breaking off psycho-analytic treatment prematurely. The discussion was opened by Dr. Hárnik. The following members spoke : Drs. Alexander, Sachs, Böhm, Eitingon, Radó, Simmel, Müller-Braunschweig.

May 24, 1927. *Extraordinary General Meeting.* The Society resolved to adopt the ' Proposals for the regulation of the formation and activities of subsidiary associations [of workers] within the German Psycho-Analytical Society '.

Frau Dr. Elisabeth Naef was elected a full member of the Society.

Dr. Radó read a paper on a case of cerebral tumour which presented itself under the guise of a psycho-neurosis.

May 31, 1927. Dr. Fenichel : Psycho-analytical investigation of the way in which gymnastics produce their effect.

June 18, 1927. Dr. Erich Fromm (Heidelberg. Guest of the Society) :

The cure of a case of pulmonary tuberculosis during psycho-analytic treatment.

June 28, 1927. Frl. Dr. Kirschner (guest of the Society) : A case of conversion-hysteria.

July 5, 1927. Frau Dr. Lantos (guest of the Society) : Notes from the analysis of a conversion-hysteria.

Business Meeting. Frl. Dr. med. Lotte Kirschner (Berlin, Charlottenburg, Mommsenstrasse 12) and Frau Dr. med. Barbara Lantos (Berlin-Wilmersdorf, Güntzelstrasse 2) were elected associate members.

The following courses of lectures were held April–June, 1927 :

1. Siegfried Bernfeld : What is psycho-analysis ? Number of lectures, 3 ; attendance, 31.
2. Sándor Radó : The love-life and the sexual function. Number of lectures, 6 ; attendance, 31.
3. Hanns Sachs : Symbolism and its application in art. Number of lectures, 5 ; attendance, 35.
4. Carl Müller-Braunschweig : The position of psycho-analysis amongst the sciences and in general culture. Number of lectures, 3 ; attendance, 9.
5. Otto Fenichel : Psychology of the ego. Part III. (Anxiety ; ego and symptoms ; self-respect ; psycho-analysts and thought.) Number of lectures, 7 ; attendance, 10.
6. Franz Alexander : Theory of the individual neuroses. Part II. (Hysteria, Character-neuroses.) Number of lectures, 5 ; attendance, 25.
7. Jenö Hárnik : Psycho-analysis as an interpretative art. (Selected chapters of therapeutic technique.) Number of lectures, 6 ; attendance, 26.
8. Siegfried Bernfeld : Practical educational questions discussed from the psycho-analytical standpoint. (A course of seminars.) Attendance : (*a*) Beginners' section, 34 ; (*b*) Section for advanced students, 34.
9. Sándor Radó : Discussions on technique. (For practising analysts only and especially for training candidates.) Number of hours, 16 ; attendance, 17.
10. Drs. Eitingon and Simmel. Practical introductory exercises in psycho-analytic therapy. (For training candidates only.) Attendance, 12.

Dr. Sándor Radó,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1927

April 6, 1927 :

1. Storfer : A communication on the subject of the *Tagebuch eines Halbwüchsigen Mädchens*. Proposal by the Verlag to withdraw the work from circulation.

2. Dr. Wittels (guest of the Society) : ' The need for punishment and the neurotic process '. Criticism of the discussion on this subject between Reich and Alexander and of the latter's paper, *Psychoanalyse der Gesamtpersönlichkeit*.

April 20, 1927. Short communications :

1. Jokl : Notes on caricatures drawn by an artist suffering from obsessional neurosis.

2. Frau Dr. Deutsch : Phantasies occurring in intoxication by opium.

3. Dr. Nunberg : On the abandonment of sublimations.

4. Frau Dr. Deutsch : The determination of the subject's destiny during analysis.

May 4, 1927. Dr. Fokschaner : A contribution to the problem of epilepsy.

May 18, 1927. Short communications :

1. Wittels (guest of the Society) : Notes on a symbolic painting. (Portrait of Freud by a schizophrenic.)

2. Reik : The sadism of the super-ego.

3. H. Sterba. A case of fetishistic onanism.

4. Nunberg : The sense of guilt and accession of libido.

5. Wittels (guest of the Society) : Three poems by Klabund.

June 1, 1927. Doz. Dr. Deutsch : Contributions to the psychogenesis of blepharospasm.

June 15, 1927. Short communications :

1. Tamm : A case of stammering.

2. H. Sterba : A dream at the time of attaining maturity.

3. Frau Sterba-Alberti : Blasphemy and divine retribution.

4. Hitschmann : On frigidity.

5. Federn : The representation of abstract words by sections of dreams.

June 29, 1927. Dr. Bibring : The oral-erotic character.

Business Meeting. Dr. Fritz Wittels (Vienna I, Hohenstanfengasse 9) was elected a full member of the Society.

R. H. Jokl,
Secretary.

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CONTENTS—*continued*

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

	PAGE
ANNOUNCEMENT BY THE CENTRAL EXECUTIVE	114
AMERICAN PSYCHO-ANALYTICAL ASSOCIATION	114
BRITISH PSYCHO-ANALYTICAL SOCIETY	115
DUTCH PSYCHO-ANALYTICAL SOCIETY	116
GERMAN PSYCHO-ANALYTICAL SOCIETY	117
HUNGARIAN PSYCHO-ANALYTICAL SOCIETY	119
NEW YORK PSYCHO-ANALYTICAL SOCIETY	119
VIENNA PSYCHO-ANALYTICAL SOCIETY	120
LIST OF MEMBERS	123

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CONTENTS

OBITUARY AND BIBLIOGRAPHY

PAGE

JAMES GLOVER 1

ORIGINAL PAPERS

JAMES GLOVER. Notes on an Unusual Form of Perversion 10

MELANIE KLEIN. The Psychological Principles of Infant Analysis 25

N. J. SYMONS. Does Masochism necessarily imply the Existence of a Death-Instinct ? 38

L. S. PENROSE. Some Psycho-Analytical Notes on Negation 47

M. P. TAYLOR. A Father Pleads for the Death of his Son 53

I. H. CORIAT. The Oral-Erotic Components of Stammering 56

SHORTER COMMUNICATIONS

THE MANTLE SYMBOL. By Ernest Jones. A CASE OF STAMMERING IN A CHILD. By M. N. Searl. ON THROWING DISHES FROM A WINDOW IN DREAMS. By N. J. Symons. NOTES ON PSYCHO-ANALYSIS OF WAR NEUROSES. By P. G. Dane. AN INTERESTING INVENTED 'PORTMANTEAU' WORD. By Barbara Low. PENIS-FÆCES-CHILD. By Susan Isaacs 63

ABSTRACTS

GENERAL 77

CLINICAL 80

APPLIED PSYCHO-ANALYSIS 81

BOOK REVIEWS

DIE FRAGE DER LAIENANALYSE. By Sigm. Freud 86

TECHNIK DER PSYCHOANALYSE: I. DIE ANALYTISCHE SITUATION. By Otto Rank 93

MIND AND ITS DISORDERS. By W. H. B. Stoddart 100

DER NERVÖSE MENSCH. By Hans von Hattingberg 102

THE SUBCONSCIOUS SELF, ITS RELATION TO EDUCATION AND HEALTH. By Louis Waldstein 102

DIE SCHICKSALSSTUNDE DER PSYCHOTHERAPIE. By J. H. Schultz 103

PSYCHOTHERAPY. By E. W. Taylor 105

DIE PSYCHOIDE ALS PRINZIP DER ORGANISCHEN ENTWICKLUNG. By E. Bleuler 105

DIE RAUCHENDE FRAU. By R. Hofstätter 107

THE HUMAN BODY AND ITS FUNCTIONS. By Marie C. Stopes 108

THE CONSERVATION OF THE FAMILY. By Paul Popenoe ... 108

SEX AND THE YOUNG. By Marie C. Stopes 109

MIND AND ITS PLACE IN NATURE. By Durant Drake 109

COME FUNZIONA LA NOSTRA INTELLIGENZA. By Eugenio Rignano 110

PSYCHOLOGICAL STUDIES. By Theodor Lipps 110

INTELLIGENCE AND IMMIGRATION. By Clifford Kirkpatrick 111

PSYCHOLOGY AND THE CHURCH. By E. J. Bicknell, L. F. Brown, G. H. Dix, L. F. Grensted, J. A. Hadfield, C. E. Hudson, W. R. Matthews, H. M. Relton, C. F. Rogers, O. Hardman 111

HOW NATIVES THINK. By Lucien Lévy-Bruhl 112

DREAMS AND EDUCATION. By J. C. Hill 113

(*Continued on p. 3 of cover.*)

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